KELSEY TRAIL
HEALTH REGION

Annual Report

For the 2015-16 Fiscal Year Ended March 31, 2016

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The Kelsey Trail Health Region Annual Report for the fiscal year ending March 31, 2016 is available on the internet at www.kelseytrailhealth.ca.

Kelsey Trail Health Region is the operating name for the Kelsey Trail Regional Health Authority. Most references to this organization use Health Region, except in reference to the governing board, which is referred to as the Regional Health Authority. Health Region also refers to the geographic areas served by the Kelsey Trail Health Region.

Letter of Transmittal

The Honourable Dustin Duncan
Minister of Health

Dear Minister Duncan:

The Kelsey Trail Regional Health Authority is pleased to provide you and the residents of the health region with its 2015-16 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2016.

The Kelsey Trail Regional Health Authority is pleased to report several accomplishments during the 2015-16 fiscal year including:

- the grand opening of Newmarket Place in Tisdale;
- completion of Primary Health Care Community Wellness Assessments throughout the region;
- partnering with a research team from the University of Saskatchewan to conduct a research study investigating alternative models of follow-up care for people with rheumatoid arthritis living in rural and remote communities; and
- official approval to proceed with planning for the construction of a new region-owned medical clinic in the community of Nipawin.

The overall success of the health region can be attributed to the compassion, dedication and commitment of the Kelsey Trail Health Region's greatest resource – its physicians and employees.

Respectfully submitted,

Rennie Harper
Chairperson
Kelsey Trail Regional Health Authority

Introduction

The 2015-16 annual report presents the Regional Health Authority's (RHA's) activities and the results of strategies, actions and performance measures identified within the provincial 2015-16 Health System Plan for the fiscal year ended March 31, 2016. This report demonstrates the health region's progress toward meeting 2015-16 targets and commitments, providing an opportunity to assess accomplishments, results and lessons learned while identifying how to improve on previous successes for the benefit of the residents of the health region.

Under Section 55 of *The Regional Health Services Act*, the Kelsey Trail Regional Health Authority (KTRHA) is legislatively required to report on its annual activities. The Authority is collectively responsible for leading the organization in determining, monitoring and assuring appropriate organizational performance. The annual report provides accountability for the activities of the KTRHA to the public and the Ministry of Health.

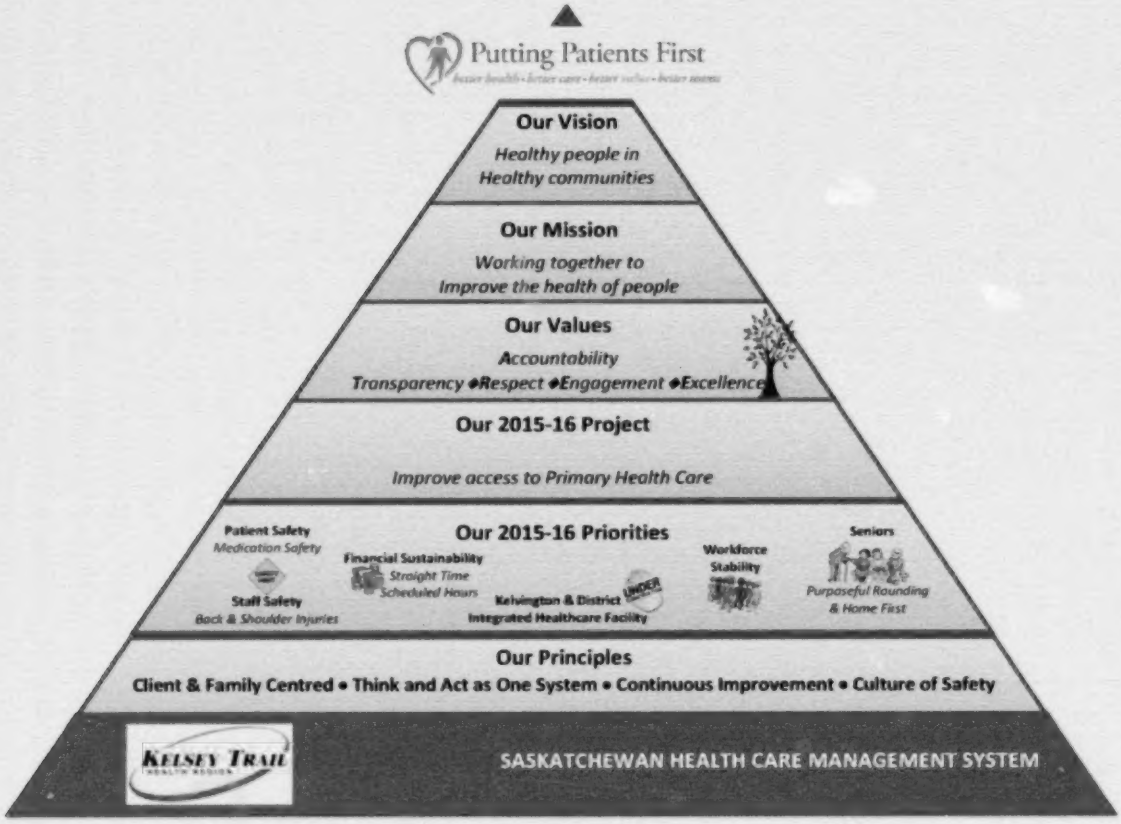
The information in the annual report is driven by standards, best practise, performance measures and indicators, outcome benchmarks, statistical and environmental data collected by a variety of credible provincial and national organizations and bodies by which the overall performance of health care services and programs are measured. The Chief Executive Officer (CEO) is accountable for the financial administration and operational control of the health region and is confident the information contained within the annual report is accurate and complete.

Alignment with Strategic Direction

The health region's Vision, Mission and Values reflect the overall direction of the health system. The regional values are aligned with the provincial values of Accountability, Transparency, Respect, Excellence and Engagement.

The *2015-16 Health System Plan* represents the fourth year of Hoshin Kanri, a collaborative approach to determine and achieve strategic priorities through engagement of all levels of staff. The establishment of a regional visibility wall, monthly wall walks and the recent introduction of daily cross-functional huddles assists in measuring, reporting and identifying barriers to achieving regional goals and targets. Corrective action plans are developed to address issues that may impact success. Visibility walls and weekly huddles at the facility and departmental level include metrics that are meaningful to frontline staff while supporting regional and provincial targets and goals. Provincial priorities are focused on the 100 Year Strategies: Better Health, Better, Care Better Teams and Better Value which are based on the

Institute for Healthcare Improvement's (IHI) Triple Aim. The 2015-16 health system priorities also support targets identified in The Saskatchewan Plan for Growth – Vision 2020 and Beyond.



Through the evolution of the Hoshin Kanri process, some of the provincial five year outcomes were revised again in 2015-16. Two provincial hoshins, areas for breakthrough improvement over a 12 to 18 month period, were identified in 2014-15:

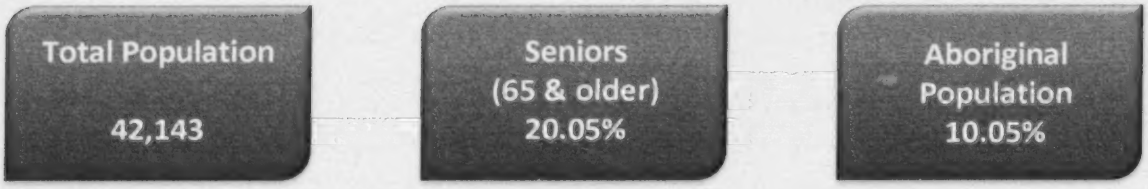
- *To improve access, by March 31, 2016, meet triage benchmarks for waits to see contract and salaried psychiatrists 50% of the time, and triage benchmarks for outpatient mental health and addiction services 85% of the time*
- *By March 31, 2016, 90% of patients waiting for an inpatient bed (from the time a decision is made to admit, to actual admission) will wait <=17.5 hours.*

The provincial breakthrough initiatives influence and guide the strategic priorities of the health region and impact achievement of the provincial three to five year outcomes. Kelsey Trail Health Region (KTHR) identified improving access to Primary Health Care as the region's primary focus for 2015-16. Other priority work identified through the region's strategic intent

triangle (above) included patient and staff safety, financial sustainability, the Kelvington & District integrated health care facility capital project, workforce stability and seniors.

The *2015-16 Accountability Document* issued annually by the Ministry of Health clarifies the priorities, general service expectations and reporting requirements of the Regional Health Authority. It complements existing legislation, regulations, contracts, ministerial directives and policies, and establishes expectations based on targets set in the provincial *2015-16 Health System Plan*. Regional strategic planning is influenced and impacted by financial, operational, capital and human resources.

A commitment to a culture of safety, patient and family-centred care, continuous improvement and thinking and acting as one are the foundations upon which the entire Saskatchewan Health Care Management System is based. Supporting provincial documents such as the Patient First Review Update: The journey so far and the path forward, the Planning Tool for Physician Resources in Saskatchewan , the Saskatchewan Surgical Initiative (SKSI) Plan, the Primary Health Care Framework, HIV and AIDS in Saskatchewan 2014, the Saskatchewan Mental Health and Addictions Action Plan well as the standards set by Accreditation Canada, the Canadian Standards Association (CSA) and *SaferHealthcareNow!* (SHN) also shape strategic priorities.



Overview

The RHA is responsible for providing safe, quality, timely, effective and efficient primary and secondary health care services to the population of the region. Services are available and accessible to residents as reasonably close to home as possible. At 44,369.62 square kilometres, the region has a large geographic footprint which includes 58 rural and urban municipalities, five First Nation communities and the Northern Village of Cumberland House. The region has a population density of 0.96 persons per square kilometre.

According to 2015 Covered Population statistics, the total population of the region has decreased slightly over the previous year. Only residents registered for provincial health coverage are included in the Covered Population, which may not include everyone who is a resident of the province as of June 30th.

Over 35 physicians and 1,600 staff provide a broad range of community and facility-based services and programs. Physician resources include a Chief of Staff/Vice-President of Medical Services, a Medical Health Officer, a resident General Surgeon, a visiting Radiologist, General Practitioner /Anaesthetists, and General Practitioner/Obstetricians. Accessible itinerant services are provided by a number of visiting physician specialists at district hospitals in Melfort, Nipawin and Tisdale. Associate privileges are also granted to dental and chiropractic service providers.

Visiting Specialist Services

Ear/Nose/Throat
Obstetrics/Gynecology
Ophthalmology ♦ Orthopedics
Plastic Surgery
Podiatry ♦ Psychiatry
Urology ♦ General Surgery
Respiratory Medicine
Exercise Stress Testing

Kelsey Trail Health Region (KTHR) provides varying levels of acute care services from three district hospitals, three community hospitals and four health centres within the region. The region also operates nine long term care facilities, which include four Dementia units. In some cases, KTHR partners with other agencies to deliver services to First Nation communities in the region.

Pre-hospital emergency care is available through a combination of RHA-owned and contracted emergency medical services. Trained volunteer First Responders and Ancillary First Responder groups provide emergency services to a large number of communities and areas in Kelsey Trail.

District Hospitals
Melfort ♦ Nipawin ♦ Tisdale
Community Hospitals
Hudson Bay ♦ Kelvington ♦ Porcupine Plain
Health Centres
Carrot River ♦ Cumberland House ♦ Rose Valley ♦ Smeaton
Long Term Care Facilities
Arborfield ♦ Carrot River ♦ Hudson Bay ♦ Kelvington ♦ Melfort Nipawin ♦ Porcupine Plain ♦ St. Brieux ♦ Tisdale

Primary Health Care Sites
Arborfield/Carrot River
Cumberland House
Hudson Bay ♦ Kelvington
Naicam ♦ Nipawin
Porcupine Plain ♦ Tisdale

Primary Health Care (PHC) services are accessible throughout the region and are delivered by healthcare professionals in a collaborative, team approach. Along with Community Health Services, PHC focuses on community development and population health promotion.

KTHR worked with physicians and staff to take over the administrative operation of the Hudson Bay Medical Clinic in June 2015. In February 2016, KTHR announced plans to build a new region-owned medical clinic in Nipawin adjacent to the existing Nipawin Hospital.

The region has a well-established Saskatchewan Telehealth video conferencing program which provides a link for rural and urban health care professionals to schedule specialist appointments, consults, clinical visits and follow-up appointments for patients and clients. It is also used for educational sessions for health care professionals and members of the public. The KTHR Telehealth network expanded to include Arborfield this year as the result of a partnership with the University of Saskatchewan on a research project.

Volunteer services are coordinated through the Human Resources (HR) department. Volunteers provide countless hours of service to the region every fiscal year. More detailed information about the services provided by Kelsey Trail Health Region can be found on the region's website at www.kelseytrailhealth.ca.

Community-Based Organizations

The region acts as the accountable partner in contractual relationships with a number of independent Community-Based Organizations (CBOs) and third parties for the delivery of health care services. CBOs receive funding from KTHR to provide health services. KTHR is responsible for financial monitoring, ensuring adequate resources are being provided, and accountability among CBOs.

KTHR has contractual relationships with several emergency medical/ambulance services operating within the boundaries of the health region in Kelvington, Tisdale Rose Valley, Nipawin and Melfort as well as the Nipawin Oasis Community Centre Cooperative which provides services for clients with long term mental illness in the Nipawin area.

Partnerships

Kelsey Trail has developed a number of mutually beneficial partnerships that provide strong connections to community, enhance resource-sharing opportunities and have long term impact on meeting the needs of the population.

Ministry of Health: Provides strategic and policy direction, sets and monitors standards, provides funding, and supports the health region to ensure the provision of essential and appropriate services to residents.

Health Shared Services Saskatchewan (3sHealth): Provides select administrative and support services to KTHR through a shared services model, including payroll and group benefits administration and contract administration for group purchasing.

Saskatchewan Association of Healthcare Organizations (SAHO): Provides labour relations services, including collective bargaining, as the representative employers' organization.

Prince Albert Parkland Health Region (PAPHR)/Sunrise Health Region (SHR): Provides mental health inpatient services, 24-hour emergency mental health referrals and consultations, specialty mental health services such as psychiatry, eating disorders and psychologist supervision; orthopaedic surgical services at Nipawin Hospital; and biomedical engineering technology services to the region. KTHR also partners with PAPHR and Sunrise Health Region on the F.A.S.T. Stroke Bypass Protocol.

Athabasca Health Authority (AHA): KTHR provides Information Technology support to AHA.

Saskatoon Health Region (SHR): KTHR partners with SHR in the provision of pathology services as well as Privacy support and services by the SHR Privacy & Access Office.

North East Regional Intersectoral Committee (NERIC): In addition to KTHR, partners include the North East School Division, Cumberland College, the Ministry of Social Services, Métis Nation Eastern Region 1 & 2, and several other human resource agencies. Through this partnership, the region facilitates and supports community-based approaches and initiatives in response to the needs of children, youth and families.

KidsFirst: KTHR is the accountable partner for the *KidsFirst* targeted program in Nipawin and non-targeted regional program working in collaboration with existing community programs to help vulnerable families, enhance knowledge, provide support and build on family strengths.

Nipawin Community Mobilization Unit – Nipawin Hub: KTHR partners with the North East School Division, Ministry of Social Services, Ministry of Justice, Nechapanuk Child and Family Services, Town of Nipawin, Northeast Regional Intersectoral Committee and the RCMP to develop a multi-agency collaboration focused on reducing crime and victimization and supporting a safer, healthier community. The Community Mobilization – Nipawin Hub approach is modeled after the Prince Albert Community Mobilization Program and is supported by the Government of Saskatchewan's Building Partnerships to Reduce Crime initiative (BPRC).

Saskatchewan Cancer Agency (SCA)/Saskatchewan Heart & Stroke Foundation: KTHR partners with the SCA to offer the Screening Program for Colorectal Cancer. The SCA also has a unique partnership with the region as a sitting member of the KTHR PHC Population Health team.

Cumberland College/Saskatchewan Polytechnique/University of Saskatchewan: KTHR partners with all three educational institutions to provide practicum opportunities for post-secondary students in health-related fields to meet their educational needs. Two Continuing Care Aide (CCA) programs were offered in KTHR in 2015-16.

Union Affiliates: KTHR has respectful partnerships with the Saskatchewan Union of Nurses (SUN), the Health Sciences Association of Saskatchewan (HSAS) and the Saskatchewan Government & General Employees Union (SGEU).

Municipal Stakeholders: KTHR regularly partners with municipal bodies to address program and service needs. The health region continues to work with the Town of Kelvington and surrounding municipalities on a capital project. In Nipawin, KTHR is involved worked in collaboration with the Town, the Nipawin Region Health Foundation and the Nipawin physicians that will result in the construction of a new physician clinic next to the hospital.

Other significant partnerships include community foundation and trust committees and auxiliaries, Health Quality Council (HQC), Prince Albert Grand Council, Saskatoon Tribal Council, Métis Nation Eastern Region 1 & 2 and Lakeland District Sport Culture & Recreation.

Administrative Structure

The Chief Executive Officer (CEO) works with an Executive Management Team that includes four Vice Presidents. The Executive Assistant to the CEO and Corporate Communications Officer serve as resources to the Executive Management Team.

The CEO reports directly to the Regional Health Authority (RHA) regarding the daily operations of the health region. The Executive Management Team is responsible for effective planning, integration and delivery of facility-based and community-based programs and services and reports directly to the CEO. The Executive Management Team is also responsible for the overall operation of the health region. Communication with the Management Network (regional directors, facility administrators, program and nursing managers) occurs through a combination of teleconferences and face-to-face meetings.

During the 2015-16 fiscal year, the Health Safety & Culture portfolio, which includes Human Resources, Mental Health & Addiction Services, Public & Environmental Health and the Kaizen Promotion Office (KPO), was involved in some restructuring. Attendance & Disability moved back into the Health, Safety & Culture portfolio and the KPO structure was changed to include Quality & Patient Safety. With this move, the Clinical Nurse Educators and the Infection Control Nurse were moved from Human Resources and into the KPO, under the area of Quality & Patient Safety.

Following restructuring within the Support Services portfolio in March of 2015, a new Director Support Services was successfully recruited in the spring of 2015. In addition to responsibility for Environmental, Laundry and Food Services, the Support Services portfolio now also assumes the role of the former Director of Building Services.

Governance

The KTRHA is responsible for the planning, organization, delivery and evaluation of the health services it is directed to provide by the Ministry of Health. The RHA functions primarily as a "committee of the whole". The RHA has four committees: Quality & Communications, Finance, Audit & Risk Management, Practitioner Liaison, and Governance & Human Resources.

The Authority utilizes a broad range of informal consultations to gather information on community issues, needs and priorities related to healthcare. The RHA and Executive take advantage of opportunities to meet with representatives of municipal councils and First Nations chiefs and councils as well as other stakeholders and partners.

The health region utilizes a variety of formats to communicate with and engage the public. The RHA chairperson, CEO and other designated representatives are involved in meetings with

municipal councils, community groups, partner agencies, community trust committees and/or foundations and the general public.

In October 2015, Tracy Slobodian of Porcupine Plain and Robert Mardell of Choiceland officially joined the Kelsey Trail Regional Health Authority following their appointment to the Board. Board members who were re-appointed included: Rennie Harper (chairperson) of Nipawin, Clarence Hendrickson (vice-chairperson) of Carrot River, Kathleen Bedard of St. Brieux, Gordon Cresswell of Tisdale, Dennis Koch of Melfort, Richard Radom of Kelvington and Nancy Steinbachs of Hudson Bay. KTRHA board members Frank Garchinski of Naicam and Darrel Guy of Lintlaw did not seek reappointment. Garchinski had served a total of six years on the board, while Guy served almost 11 years.

Members of the Kelsey Trail Regional Health Authority board include (L-R): Gordon Cresswell, Nancy Steinbachs, Clarence Hendrickson (vice-chair), Rennie Harper (chair), Richard Radom, Tracy Slobodian, Dennis Koch, Kathleen Bedard and Robert Mardell.

Employee Demographics

The KTHR workforce includes 1,689 total employees representing 1073.45 full-time equivalents (FTEs). Of those, 28% are casual. In total, almost 40% of the regional workforce is 50 years or

older. The regional workforce is comprised of approximately 91% females. In total, 93 KTHR employees, or 5.3%, have self- identified as being Aboriginal. A significant percentage of KTHR employees are long term. Seventy-one employees retired in 2015-16.

Determinants of Health

- *Income*
- *Social Support*
- *Education & Literacy*
- *Employment & Working Conditions*
- *Social Environments*
- *Physical Environments*
- *Personal Health Practices & Coping Skills*
- *Healthy Child Development*
- *Biology & Genetic Endowment*
- *Health Services*
- *Gender & Culture*

Health Canada

The region faces significant challenges with recruitment and retention and is working hard to address those challenges. The region experiences challenges in recruiting and retaining Registered Nurses, Nurse Practitioners, Continuing Care Aides (CCAs), Therapists (occupational and physiotherapy) and Medical Laboratory Technicians (MLTs). For the second year in a row, KTHR worked with Cumberland College to offer a Continuing Care Aide (CCA) course within the region to address the educational needs of approximately 15 conditionally hired employees in Carrot River and Nipawin A second program was offered to conditional hires and post-secondary students in other communities in the region via webinar.

In 2015-16, physician resources in KTHR continued to stabilize. The health region gained three new physicians and one physician retired. The recruitment and retention of General Practitioner/Obstetricians and General Practitioner/Anaesthetists is a priority that can impact the region's ability to provide labour and delivery services, and delivery of surgical services.

Emerging Health Issues

The health region works collaboratively with the Ministry of Health and Health Canada to maintain an awareness of emerging health issues. They are identified and addressed on the basis of priority.

Populations lacking or having difficulty accessing one of more of the determinants of health may be subject to disparities in health. Within KTHR, many people face challenges in accessing the resources that help achieve physical, mental and social well-being and directly impact overall health.

Adequate housing and food security are key determinants of health and the overall well-being of the population. The Northeast Housing Research Project revealed a shortage of affordable rental stock and waiting lists in Melfort, Nipawin and Tisdale.

Food security issues may result in poor diet choices that can contribute to higher rates of diabetes and obesity. According to The Cost of Healthy Eating in Saskatchewan 2012, a report by the Saskatchewan Food Costing Task Group, many factors influence individual ability to make healthy food choices.

According to the Indigenous Peoples' Health Research Centre, Aboriginal communities have identified their priority concerns as socio-economic status; mental health and addictions/trauma; and chronic disease – high rates of smoking and diabetes. KTHR Primary Health Care Provider Teams conducted Community Wellness Assessments in 2015, which indicate local health concerns are similar to those of Aboriginal communities. The top ten community-level health and wellness concerns identified in the cumulative regional survey were mental health, cancer, drug/substance abuse, adult overweight/obesity, inactivity, alcohol use, diabetes, access to health foods, tobacco products/use and living with a chronic condition.

Chronic conditions can be risk factors for one another. The presence of chronic conditions such as diabetes and hypertension increases the risk for another by about three times. The risk of chronic disease is also influenced by other factors such as smoking, obesity and physical inactivity. Many of the health concerns identified in KTHR are linked to the high rates of co-morbidity among chronic conditions in KTHR as well as higher rates of other contributing risk factors.

As compared to the provincial averages, KTHR residents have high rates of cancer incidence; cancer prevalence; incidence of hypertension; hospitalization for acute myocardial infarction (AMI); prevalence of diabetes; incidence of diabetes; self-injury hospitalization and suicide. Rates of self-reported overweight or obesity are also higher in KTHR than the province. Information and data on the health status of the residents of Kelsey Trail Health Region is available from the Statistics Canada Health Profile, the Canadian Institute of Health Information (CIHI) Your Health System report and through the Health Quality Council's Quality Insight. A snapshot of the region's current state is also available on the KTHR website. The provincial Health Status Report provides analysis of data and trends, describes the health of the population, and highlights issues related to the health of the population.

Progress in 2015-16

The Ministry of Health develops and issues an annual document clarifying the performance relationship between the Ministry and the health region. The *Accountability Document* is focused on strategic directions for the health region and the Ministry's expectations for the region, complementing existing legislation, regulations, contracts, Ministerial directives and policies. All assumptions and accountabilities within the *Accountability Document* are prepared within the strategic priorities as outlined in the *2015-16 Health System Plan*. Focusing on the 100 year strategies of better health, better care, better values and better teams, these areas of emphasis translate the region's vision, goals and priorities into a comprehensive set of performance measures and targets which provide a framework for achieving organizational improvement strategies directed at meeting the provincial three to five year outcomes as outlined in the *2015-16 Health System Plan*. The regional priorities also reflect commitments made in *Saskatchewan's Plan for Growth,* to Accreditation Canada and the Minister's letter to the KTRHA Board Chairperson.

Better Health

The Kelsey Trail Regional Health Authority supports the provincial health system's five-year improvement outcome to have people living with chronic conditions experience better health as indicated by a 30% decrease in hospital utilization related to six common chronic conditions (Diabetes, Coronary Artery Disease (CAD), Coronary Obstructive Pulmonary Disease (COPD), Depression, Congestive Heart Failure, Asthma) by March 31, 2017.

Improvement Target

By March 31, 2017, there will be a 50% improvement in the number of people who say "I can access my Primary Health Care (PHC) Team for care on my day of choice either in person, on the phone, or via other technology."

KTHR Hoshin/Project: Improve access to Primary Health Care

- Replication of the improvement work accomplished through the 2014-15 hoshin on improving Primary Health Care (PHC) access in Nipawin concentrated on providing continuity of care for patients throughout KTHR. Improvement work focused on achieving the regional goal to have 90% of patients accessing their PHC Team for care on the day and time of their choice by March 2016.

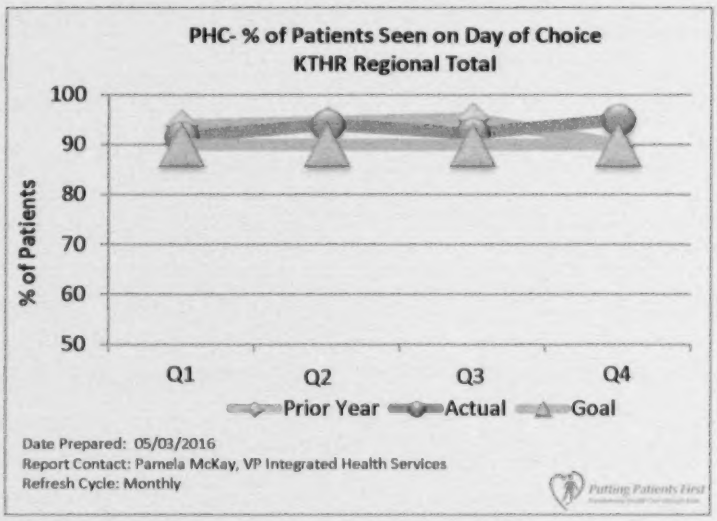
- Work focused on gaining an understanding of physician demand, including the number of patients being deferred; redirecting Canadian Triage and Acuity Scale (CTAS) 4 and 5 patients from the ER to the clinic; and increasing the number of PHC patients attached to a physician.
- In Nipawin, PHC access continued to improve in 2015-16 through the co-location of all physicians in one clinic in August 2015. The January 2016 announcement of the design and construction of a new physician clinic to be built next to the Nipawin Hospital is expected to further advance PHC access within the community.

KTHR Results:

Through the Value Stream Mapping (VSM) process, baseline data for measuring same day access in its current state was collected for each PHC clinic. The patient empanelment process (assigning individual patients to individual primary care providers) continued and quarterly patient satisfaction surveys were distributed and collected at each PHC clinic site. Site/program huddles were implemented with standard work that includes patient flow concerns, the daily number of clinicians in the clinic in the morning and afternoon and the number of open appointments at the end of the previous day. Maintaining a minimum of five clinicians in the Nipawin clinic each day has not been consistently achieved. However, the amalgamation of the two physician clinics under one roof in August 2015 helped standardize booking processes and improve communication.

Percentage of primary health care patients reporting they can get an appointment on their day of choice.

Regionally, KTHR met the 90% target consistently throughout the year. Addressing clinician turnover and improving access remain a priority. The goal is to maintain this standard while working through other foundational actions throughout the region, such as empanelment. KTHR has had greater success with physician retention over the past few years which have had a positive impact on access.



Increased public knowledge about same-day appointment openings has helped with redirecting the number of CTAS 4 and 5 patients in the emergency room to PHC clinics. Data on this measure is collected through the Primary Health Care Experience survey.

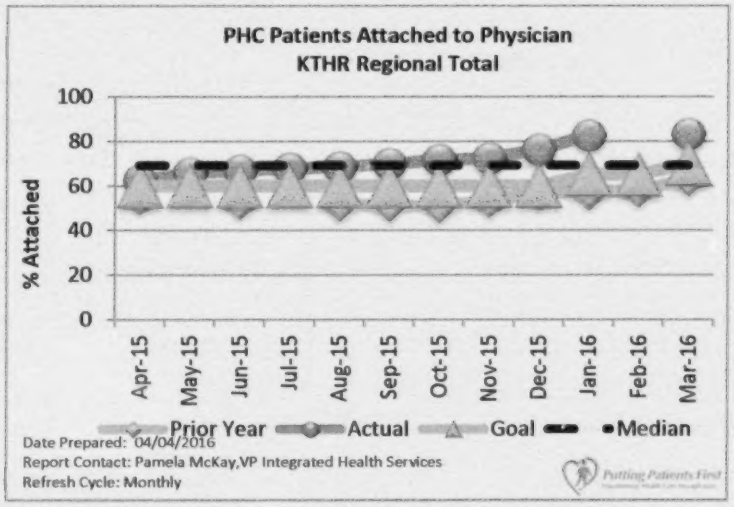
Regional initiatives aimed at improving access include:

- Each PHC site has tailored public information so those accessing service have a better understanding of how their individual health care needs can be met.
- Through collaboration with North East Emergency Medical Services of Nipawin, KTHR is working on the permanent establishment of paramedic, Emergency Medical Services (EMS) and an ambulance in Cumberland House to respond to after-hours emergencies within the community.
- In cooperation with North East Newcomer Services in Tisdale, an educational brochure is being developed for new immigrants explaining appropriate access to medical services – how/where to find a family physician, when to visit the emergency room, etc.

Percentage of patients attached to physician

Regionally, there has been a 31% increase in empanelment in 2015-16. The target to have 70% of clients at all KTHR PHC sites attached to a practitioner by March 2016 has been consistently met and exceeded throughout the fiscal year.

Physician retention has improved throughout the region over the past few years. Patient education about the benefits of empanelment and its impact on continuity of care has also had a positive impact. There is a significant difference in continuity of care if patients always see the same primary provider but also have access to a provider team to meet all of their healthcare needs. The number of clinicians and PHC clinics involved in group medical visits has also increased. As of March 31, 2016, 20 physicians or Nurse Practitioners (NPs) are participating in group medical visits.



Improvement Target
By March 31, 2020, 80% of patients with six common chronic conditions (diabetes, coronary artery disease, chronic obstructive pulmonary disease, heart failure, depression, and asthma) are receiving best practice care as evidenced by the completion of flow sheets available through approved electronic medical records (EMR) and the EMR viewer.

KTHR Results:

Best practice guidelines for Diabetes and Coronary Artery Disease (CAD) are available to all KTHR Physicians, Nurse Practitioners and health providers via the Electronic Medical Record (EMR) Chronic Disease Management Quality Improvement Program (CDM QIP) templates. Templates were rolled out to KTHR providers last year.

- In the spring of 2015, Nipawin and Kelvington were chosen to participate in a PHC pilot entitled "Management of Patients with Type 2 Diabetes by Community Pharmacists". The pilot involves screening or early detection of individuals with undiagnosed Type 2 diabetes and linking them to a physician or PHC team for follow-up. Community pharmacists assist with managing patients diagnosed with Type 2 diabetes and not attaining optimal glycemic targets.
- In the fall of 2015, an interdisciplinary chronic disease working group was established to determine baseline data for the number of patients receiving care consistent with best practice guidelines for the six chronic conditions. Continuing education was provided to Registered Nurses (RN's) on Coronary Heart Failure (CHF) and a current state VSM was developed for the management of CHF and Chronic Obstructive Pulmonary Disease (COPD) in acute and PHC. COPD and CHF core group members were identified and received education on best practice and decision support tools from the CDM QIP. Piloting of COPD best practice began in February 2016 in Tisdale.
- Late in the year, KTHR entered a partnership with HealthLine 811, the Ministry of Health and community representatives to pilot an outbound call program to support men and women diagnosed with COPD with a goal to prevent or reduce exacerbation and complications related to COPD using best practices in prevention, partnering with medSASK in the area of medication consultation. The pilot supports readmission management and chronic disease management initiatives and will determine gaps in service for COPD clients, identify solutions to address the gaps and the ability to implement and sustain the solutions. KTHR has identified a lack of continued support for clients diagnosed with COPD post-ER and inpatient discharged after completing pulmonary rehabilitation. Barriers to accessing the service, access to supports such as medication consults and lack of referrals to pulmonary rehabilitation have impacted clients living with COPD.

- In the fall of 2015, KTHR Chronic Disease Management (CDM) and Therapies started a research project on the pulmonary rehabilitation program, trialing an education and home exercise program for COPD clients in Hudson Bay.
- The CHF best practise pilot and development of a care map was delayed but will proceed in the 2016-17 fiscal year with the development of a Heart Failure Shared Medical Visit group with a physician from Melfort.
- The Acute Stroke Pathway was implemented in all KTHR facilities in February 2016 through collaboration with KTHR EMS, Sunrise Health Region and Prince Albert Parkland Health Region. System-wide implementation of pathway protocols is targeted for October 2016.

Measurement Results:

Number of teams providing patients with integrated primary health and mental health programming

Integration of Mental Health and Addictions Services (MHAS) with PHC began with a Behavioural Health Integration current state assessment. Behaviour health webinar training followed and a readiness assessment was conducted, resulting in the selection of Hudson Bay as a pilot site. Behavioural health integration training was conducted for healthcare providers and staff in Hudson Bay in February 2016 and the pilot was expected to roll out early in the new fiscal year. As part of the pilot, the Healthy Living questionnaire will also be implemented. A second pilot site will be selected for roll out early in the new fiscal year.

In Cumberland House, PHC facilitated a trial of the co-location of MHAS in the Cumberland House Health Centre to advance the integration of PHC and mental health services in that community.

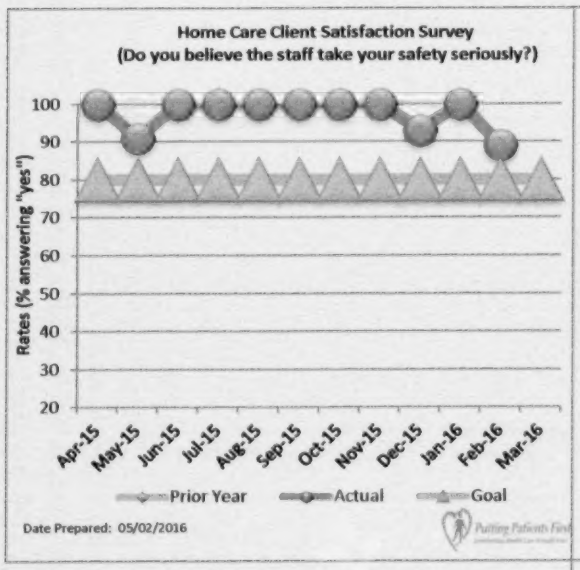
Patient self-reported satisfaction with services received

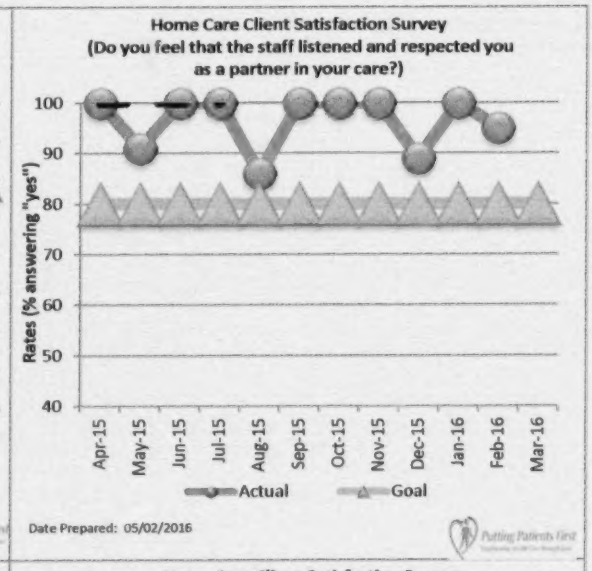
The PHC Experience survey is distributed to patients receiving primary healthcare services in Arborfield, Carrot River, Cumberland House, Hudson Bay, Kelvington, Naicam, Nipawin, Porcupine Plain, Red Earth First Nation, Shoal Lake, Smeaton and Tisdale with a goal to complete 20 surveys per month per site. The data collected provides information on the percentage of PHC patients that can get an appointment on their day of choice.

A Regional PHC Access Measures database was developed and piloting began in Carrot River and Kelvington in June. The new database replaces the Transform my Practice website hosted by HQC. The nine measures being tracked include: supply, demand (including deflections),

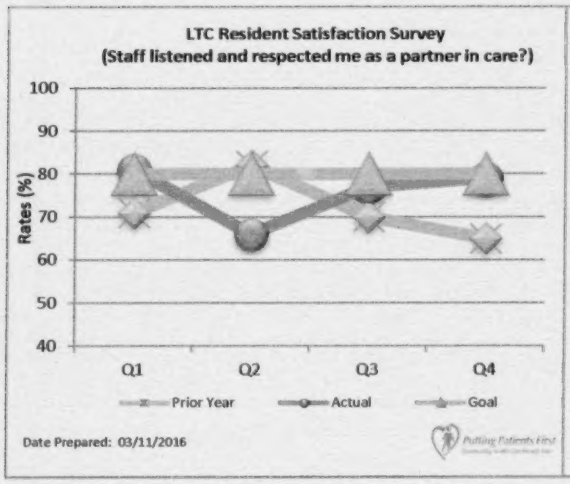
activity, no-show rate, third next available appointment (delay), number of providers, supply goal, unbooked appointments and same day appointments.

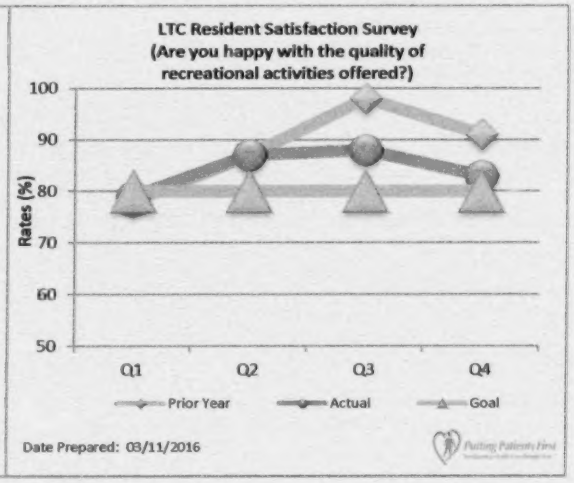
Two of the three client satisfaction surveys in Home Care consistently exceeded the targeted 85% satisfaction survey results.





Long term care resident satisfaction surveys that started in the previous fiscal year continued in 2015-16 with favourable results to both survey questions





Better Health

The Kelsey Trail Regional Health Authority supports the provincial health system's five-year improvement outcome that by March 31, 2020, seniors who require community support can remain at home as long as possible, enabling them to safely progress into other care options as needs change. If needs progress to requiring long term care, it is a priority to ensure seniors have the highest quality care possible.

Improvement Target

By March 31, 2017, the number of clients with a Method of Assigning Priority Levels (MAPLe) score of three to five living in the community supported by home care will increase by 2%.

Measurement Results:

- Demand for home care services in KTHR is directly correlated to the increased medical and psychosocial complexity of clients. In KTHR, 85% of the population receiving home care services represents those over the age of 75 years. The most significant proportion of clients receiving home care services, at almost 47%, are those 85 to 94 years of age, similar to the province.
- Home Care client numbers have increased by 9.3% in Kelsey Trail over the past five years. Between 2013-14 and 2015-16, there has been a 15% increase in Home Nursing Units and a 13% increase in Home Making units.

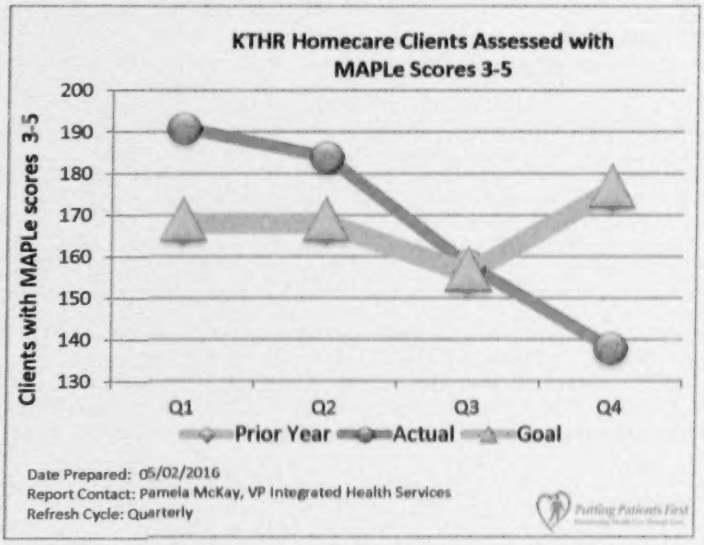
- Over the years, there has been an increase in acute care home care services, including facilitating early hospital discharges and preventing hospital admissions, increasing community-based palliative care services to allow clients to die at home with dignity, increasing support to reduce admission to long-term care and provide respite to the client's supporters, and increased home care and rehab supports post-surgery in support of reducing wait times for surgery.
- At 62.8, KTHR has the highest average home care services per client ratio in the province which allows many clients to remain independent and healthy within their community. This is significantly higher than the provincial average of 42.4, according to the Ministry of Health Community Care Branch's 2014-2015 Community Program Profile. The region's rate of supportive care services per client, at 94.8, is the highest in the province and 33% higher than the provincial rate of 67.7. The region's rate of palliative care services per client of 52.8 and acute care services per client of 20.0 are also higher than the respective provincial ratios of 38.0 and 12.4.
- According to Resource Utilization Groupings (RUGS), the majority of KTHR home care clients are categorized as reduced physical function with those categorized as clinically complex and impaired cognition following close behind. RUGS categories reflect resident's level of functioning, care needs and intensity of resource use and are used to determine the resources required in order for them to remain in their home.
- KTHR continues to have the least amount of Personal Care Home (PCH) beds in the province for the population aged 75+ at six beds per 1,000 people. This is seven times less than the provincial average of 47 beds per 1,000 people. Within the region, there are only two licensed personal care homes with the capacity to care for a total of 25 clients. This impacts home care utilization for clients that cannot be admitted into long term care. Staff continues to be challenged with increased incidents of behavioural problems, aggression, wound care, palliative care and planning for demanding care.

Number of home care patients showing a MAPLe score three to five

The MAPLe, a decision support tool Home Care uses to prioritize clients needing community or facility-based services, assigns a priority level to each home care client based on the Resident Assessment Instrument (RAI)-Home Care (HC) assessment. The level is determined by a number of criteria including falls, Activities of Daily Living (ADLs), the Cognitive Performance Scale, and behaviour. Clients' assigned very high priority are at higher risk of adverse health outcomes which supports increased home care services and/or priority for placement if a client cannot be managed at home. MAPLe scores are a powerful predictor of the need for admission to long term care and may indicate caregiver stress.

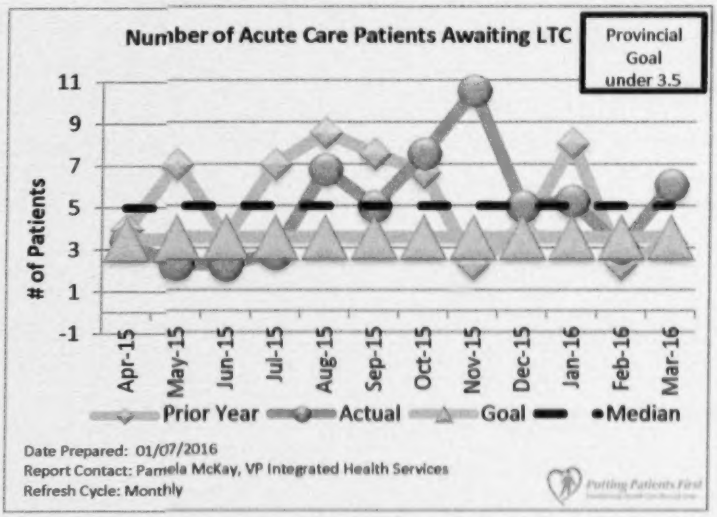
For the 12 month period ending March 31, 2016, 435 KTHR home care clients had assessments completed. Of those 315 or 72% were considered Level 3-5 (medium to high priority) according to the MAPLe tool evaluation. KTHR set a target to see a one percent increase in the number of clients with a MAPLe score of 3 to 5 living in the community supported by home care. KTHR exceeded the target in the first and second quarters, met the target in the third quarter but was below the target in the fourth quarter which correlates with overcapacity issues being experienced in Melfort home care during that period.

In Melfort, the increased demand and complexity of client care needs and lack of available relief staff resulted in Home Care being in Code Burgundy (overcapacity) between January and March 2016. Melfort Home Care was unable to complete assessments on potential clients, including those in hospital, impacting the number of Home Care access concerns being received, acute care daily census and the number of acute care patients awaiting placement in long term care. The region will be hiring additional temporary staff to address these workload pressures.



Maintain the number of Alternate Level of Care (ALC) days across the province and in each region at no more than 3.5% of total.

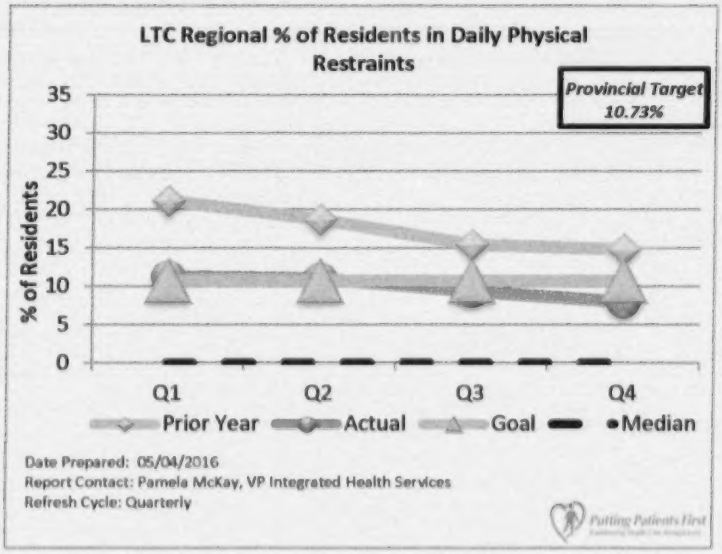
KTHR successfully achieved a six percent reduction in the average number of clients occupying acute care beds while awaiting long term care however the regional average of 4.98% did not meet the 3.5% target.



- The region was below the target until August 2015 which coincided with the introduction of a vacancy management strategy to reduce the beds in the Kelvindell Lodge by 17 beds in order to accommodate renovations to the long term care facility. The bed reduction will be in place until the project is complete in the spring of 2017.
- The wait list for long term care placement has also been impacted by the reduced access to long term care beds in Kelvington. Wait lists in Kelsey Trail still remain lower than the provincial average of 29.59 days and are the fourth lowest in the province.
- The Code Burgundy in Melfort Home Care since January 2016 put additional pressure on acute care and impacted average daily census at the Melfort Hospital. Though strong emphasis has always been placed on discharge planning and timely assessments for patients awaiting long term care assessment and placement, the Code Burgundy situation in Melfort has backed services up in that community and impacted staff workload in acute care.
- Corrective action plans were developed and submitted to the Ministry of Health which included re-evaluation of the grand rounds routine, discussions with the Saskatchewan Housing group, potential development of a Home First program and re-evaluation of the regional policy regarding bed turnaround time.
- In the new fiscal year, Nipawin Hospital will be trialing the ALC provincial form that is expected to be implemented provincially by March 31, 2017. The form will be used to capture patients in hospital that no longer require the intensity of service provided in a hospital setting. This data will be collected in an effort to gain understanding of the service needs and resources required provincially. Bedside rounding will also be trialed in conjunction with the implementation of the new ALC form.

By March 2016 the use of physical restraints will be reduced from current levels.

In 2015-16, the provincial target for the percentage of residents in daily physical restraints was 10.73%. KTHR was slightly above the target in the first and second quarters but was below the target in both the third and fourth quarters. In comparison to the previous year, KTHR made significant gains in reducing



restraint use, with reductions ranging from 61% and 48% over the course of the year.

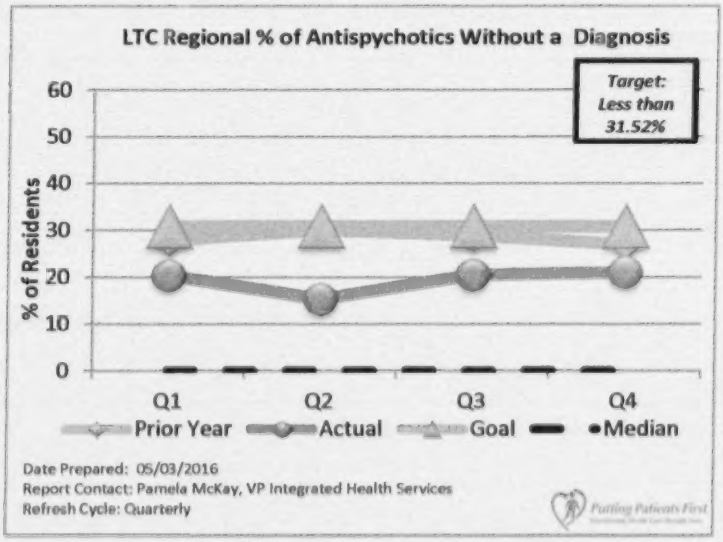
A restraint is defined as any manual method, or any physical or mechanical device, material or equipment attached or adjacent to the person's body that the person cannot remove easily and that restricts the persons' freedom of movement or normal access to his or her body. This includes the use of trunk restraint, limb restraint and chairs that prevent rising.

Successful measures implemented through the development of a corrective action plan included:

- Assigning a beeper to an individual staff member's shift with that person responsible for checking, assessing and charting each restraint in the facility on a 30 minute basis.
- Purposeful rounding has been initiated in Hudson Bay, Porcupine Plain and Tisdale with staff regularly checking on resident's needs using the 4P's (positioning, personal needs, pain and proximity of personal items such as the call light).
- Facilities are following-up with families and the physician of residents currently in restraints to review the possibility of decreasing or eliminating their use.
- Facility Administrators work with the Minimum Data Set (MDS) Coordinator to provide Registered Nurses (RNs), Registered Psychiatric Nurses (RPNs) and Licensed Practical Nurses (LPNs) with updated education on restraint coding.
- Potential underlying causes leading to resident aggression that could be dealt with without having to use restraints are identified.
- Removal of Broda chair tables when not in use.
- Restraint use is tracked through visual daily management in facilities and rolls up to the regional visibility wall.

By March 2016, the use of antipsychotics without a diagnosis will be reduced from current levels.

KTHR reported an average of 19.33% for this quality indicator, a 38% reduction from the previous year. The region recorded significant reductions throughout the year, ranging between 24% and 65%. The regional average is less than the target of 31.52% as well as the National Average of 30.8%.



This indicator is considered a quality of life measurement for residents living in long term care facilities. Measures that have contributed to the successful reduction in this area include:

- ongoing continuing education for all nursing staff on antipsychotic use and alternatives;
- monthly quality improvement checks to catch MDS coding errors, discuss them with staff and fix them; and
- reviewing all current lists of residents on antipsychotics and having discussions about antipsychotic use with physicians and pharmacists on a regular basis to ensure care plans are up-to-date.

Improve quality outcomes and resident safety by implementing purposeful rounding

KTHR received $54,000 in funding from the Ministry of Health for the implementation of purposeful rounding in long term care. Purposeful rounding is the timed, planned intervention of staff to address common elements of care through regular bedside rounds that proactively identify and address residents' fundamental care needs and psychological safety. KTHR met the target to have one-third of long term care facilities participating in purposeful rounding by March 2016 with implementation complete in Hudson Bay, Porcupine Plain and Tisdale. The remaining long term care facilities in the region are on track to implement purposeful rounding by the end of the 2016-17 fiscal year.

Better Health

The Kelsey Trail Regional Health Authority supports the provincial health system's five-year improvement outcome that by March 31, 2019, there will be increased access to quality mental health and addiction services and reduced wait time for outpatient and psychiatry services.

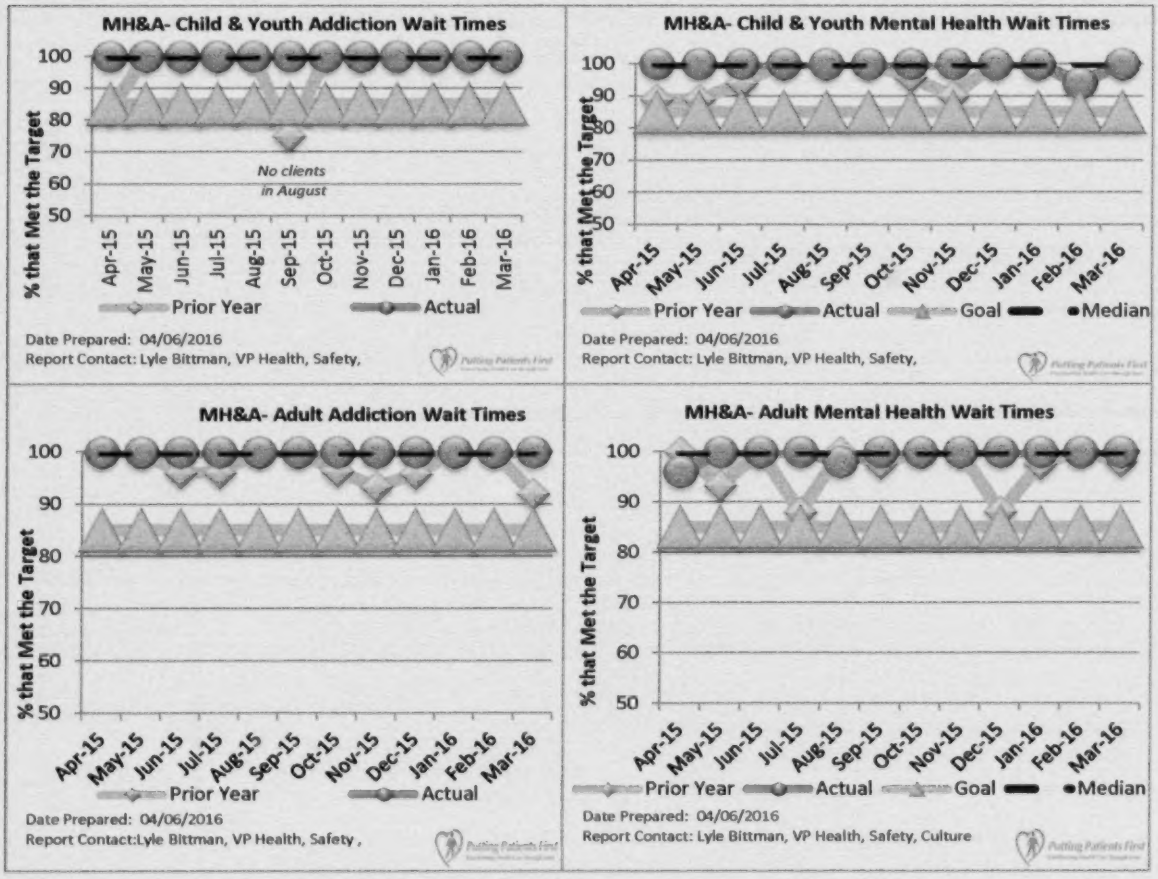
Provincial Hoshin: To improve access, by March 31, 2016, meet triage benchmarks for waits to see contract and salaried psychiatrists 50% of the time, and triage benchmarks for outpatient mental health and addiction services 85% of the time.

Improvement Target
By March 31, 2016, meet triage benchmarks for outpatient Mental Health & Addiction services 85% of the time.

Measurement Results:

KTHR met and exceeded the triage benchmarks for child & youth mental health wait times 11 out of 12 months in 2015-16 and met the targets for child & youth addiction wait times the

entire fiscal year. The region met and exceeded adult mental health wait times ten out of 12 months and met adult addiction wait time targets every month.



- Improvement work achieved during an RPIW in 2014 that focused on reducing the wait time for level 3 and 4 (clients assessed as moderate or mild risk) initial appointments with clinicians, improving patient flow and responsiveness to patient needs has been sustained.
- During the fiscal year, Mental Health & Addiction Services (MHAS) has been working with Primary Health Care to provide just-in-time service through the integration of mental health and primary health care. Toward that end, behavioural health integration training has been conducted and will be piloted in the Hudson Bay Primary Health Care Clinic beginning early in the new fiscal year. As part of the pilot, the Healthy Living questionnaire will also be implemented. A second pilot site will also be added in the new fiscal year

- The integration of primary health care and mental health services has been advanced through the co-location of mental health and addiction services in the Cumberland House Health Centre earlier this year.
- Training and implementation of the provincial suicide protocol for MHAS staff was completed during the fiscal year.
- Staff have all been trained on the Partners for Change Outcome Management System (PCOMS), allowing for real-time tracking and reporting on client outcomes and the clinical relationship. In the absence of a provincial software solution, KTHR will implement a paper-based PCOMS as an interim plan. MHAS staff is expected to implement PCOMS April 1, 2016.

With few exceptions, Level 3 and 4 clients are receiving appointments within 15 working days and the capacity of the assessor coordinator has increased, reducing intake completion time. Despite receiving the highest number of referrals recorded since data collection started five years ago, wait times for clients have significantly improved.

By March 31, 2016, a defined, staged implementation plan for the Mental Health & Addictions Action Plan is developed.

The Ministry of Health is leading the development of this inter-ministerial implementation plan. KTHR's Director Health & Safety chairs the provincial group developing the implementation plan and participates with the Mental Health & Addiction Services Kaizen Operation Team. The plan will identify work that is required over the coming years with priority on access, housing, coordination/collaboration, stepped care and partnerships with First Nations. Task teams are being developed for each priority area.

Better Care

The Kelsey Trail Regional Health Authority supports the provincial health system's five-year improvement outcome to significantly reduce wait times in hospital emergency departments by achieving a 60 percent reduction in wait times by 2019 (20 percent reduction by March 2016, 35% by March 2017, and 50% by March 2018).

Provincial Hoshin: By March 31, 2016, 90% of patients waiting for an inpatient bed (from the time a decision is made to admit, to actual admission) will wait <=17.5 hours.

Hospital occupancy rates and overcapacity continue to be the primary driver of emergency department wait times. High numbers of alternate level of care (ALC) patients and lack of community resources are the root cause.

The ED Waits and Patient Flow Initiative team is implementing a standardized approach to ALC data collection and analysis across the province. A toolkit will be rolled out to all health regions in April 2017 which will include an expanded definition of ALC and a new ALC form. The new form will be trialed in Nipawin. During the 2015-16 fiscal year, an acute care daily huddle was initiated which includes daily monitoring and report on census and the number of ALC patients in hospital.

Measurement Results:

Total Acute Care Length of Stay in units that have fully implemented Interdisciplinary Team Rounds

KTHR has not fully implemented interdisciplinary team rounds at the bedside at all acute care sites. The region has established an interdisciplinary team and will start piloting rounds in Nipawin Hospital in May 2016. Work will concentrate on ensuring consistent physician participation on interdisciplinary teams.

Total Acute Care Length of Stay for patients awaiting transfer to their home region from tertiary care

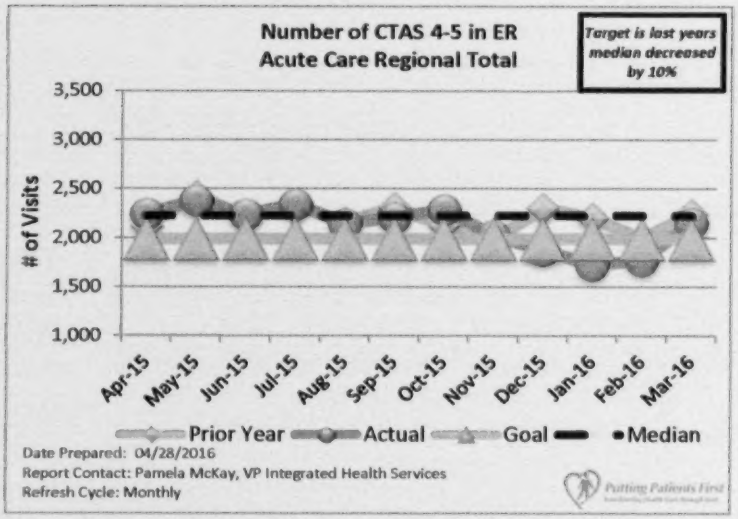
KTHR joined all Saskatchewan health regions in signing a Memorandum of Understanding that outlines agreed-upon principles for transfers of patients to and from tertiary care, home hospital, or home region and all inter and intra-regional transfers of care. Agreement on these principles reflects a shared commitment to patient centred care and the provision of the care in the right place at the right time by the right provider.

KTHR Results

Number of CTAS Level 4 or 5 on the Canadian Triage Acuity Scale (CTAS)

KTHR did not meet the regional target to decrease CTAS 4 and 5 visits by ten percent from the previous year but did achieve a four percent reduction. Over the year, there was a steady decline in the CTAS 4 and 5 ER visits. CTAS 4 and 5 patients are considered to have less urgent or non-urgent conditions that should be seen in the clinic rather than the emergency room. At the facilty level, there were notable reductions in CTAS 4 and 5 in the ER in Kelvington, Hudson Bay and Melfort.

- Patients continue to access appropriate non-urgent care through the on-call clinic established at Melfort Hospital in 2014. The clinic provides primary health care for patients without a family physician or whose family physician is away. The addition of another physician to the Melfort physician group in the fall of 2015 has also helped to address access in that community.



- In October 2015, an RPIW in Kelvington focused on streamlining clinic and hospital patient's first point of contact. As part of the improvement work, CTAS 4 & 5 patients were successfully redirected from the ER to same-day clinic appointments. This initiative is continuing and is expected to ease the transition into the new hospital when construction is completed in the spring of 2016.

- Hudson Bay extended clinic hours and increased availability of same- day appointments to reduce the number of people accessing the ER after clinic hours.

- PHC value stream mapping of the Nipawin ER was completed and from that exercise, a same-day appointment messaging campaign was initiated to inform the public about daily open clinic appointments that are not being used.

- The same-day appointment messaging campaign is being adapted and extended to other communities within the region including Cumberland House and Melfort.

- CTAS 4 & 5 data is under review in Porcupine Plain with the goal to target opening clinic appointments to coincide with the time that CTAS 4 and 5 patients are appearing in the ER.

- In order to ensure Cumberland House residents are receiving the right care at the right time, Advanced Care Paramedic services are now available in the community through a

collaborative effort between KTHR and North East Emergency Medical Services (EMS) of Nipawin.

Better Value

The Kelsey Trail Regional Health Authority supports the provincial health system's five-year improvement outcome that ongoing, as part of a multi-year budget strategy, the health system will bend the cost curve by achieving a balanced or surplus budget.

Improvement Target
2015-16 Regional Health Authority (RHA), Athabasca Health Authority, and Saskatchewan Cancer Agency financial status, as measured by surplus or deficit.

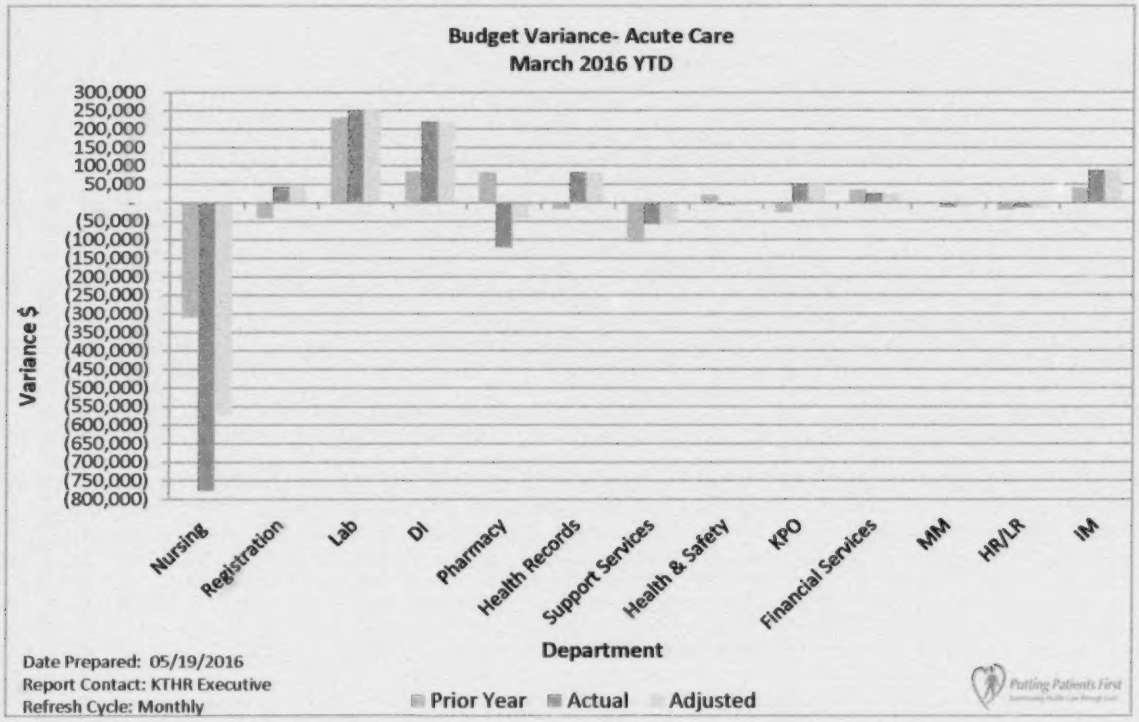
Results:

KTHR achieved an operating surplus of $130,514 after mortgages and transfers. The KTRHA Board approved the transfer of a capital allocation of $97,886, leaving a surplus of $32,629.

In Acute Care, Nursing ran a deficit of approximately $775,000 due to:

- $250,000 in SUN collective bargaining agreement (CBA) retroactive payments which is funded;
- medical and surgical supplies which were approximately $200,000 over budget due to increased cataract and scope procedures;
- drugs which were approximately $50,000 over budget due to the introduction of a new thrombolytic drug; and
- the balance of which was the result of greater workload due to increased average daily census at Melfort Hospital.

Pharmacy also had a deficit as the result of joint job re-evaluation which is funded. The deficits in Acute Care were offset somewhat by surplus budgets of around $200,000 each in both Lab and Digital Imaging (DI). The Lab surplus resulted from decreased supply costs related to managing inventory levels through Kanban tools. The DI surplus resulted from the transfer of Radiology Information System – Picture Archiving Communication System (RIS-PACS) software costs to the province.

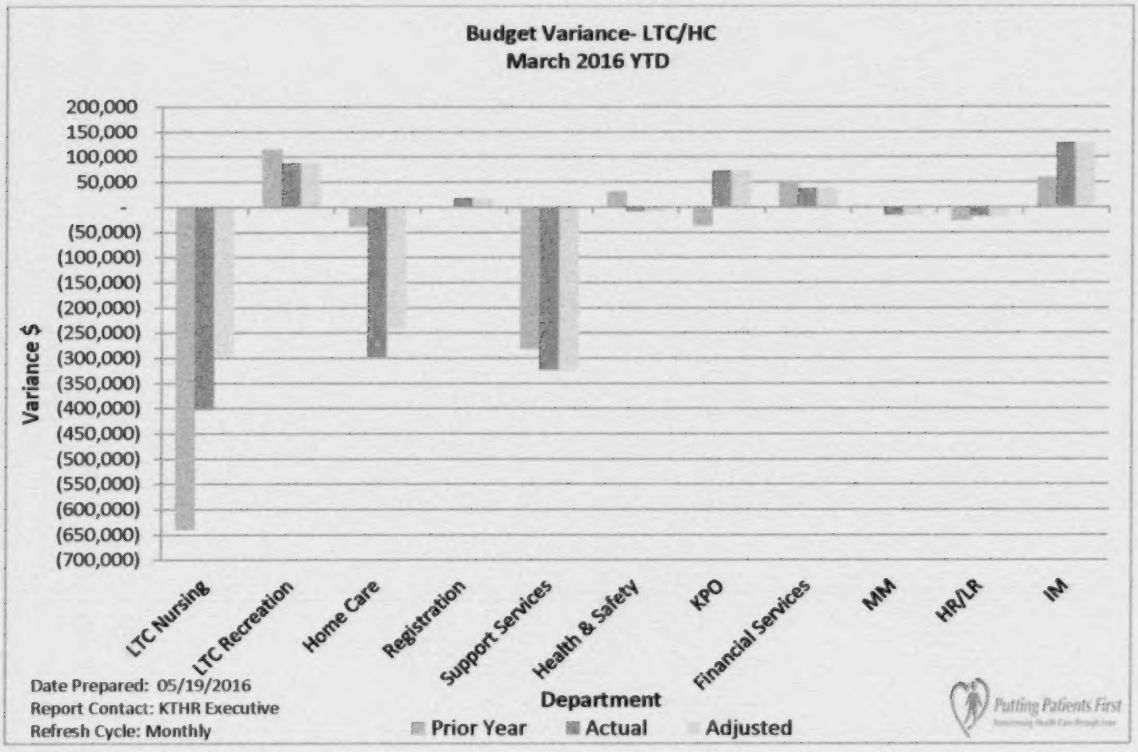


In Long Term Care and Home Care, deficit budgets in Nursing were also related to the SUN CBA retroactive payments, which are funded. While the Long Term Care deficit of approximately $400,000 was an improvement over the previous year's deficit of $650,000, the balance of the deficit was due to overtime and sick time. The balance of the Home Care deficit was related to greater workload related to increased client need. Support Services recorded a deficit of approximately $200,000 as the result of an adjudication decision for Maintenance Service Workers at Parkland Place in the amount of $500,000 which was not funded. The Support Services deficit was offset by savings of $328,000 in budgeted utility costs related to the mild winter.

The Long Term Care deficit resulted in the creation of a task group focused on root cause analysis. Analysis started with Parkland Place in Melfort where overtime and sick time costs were a significant concern. Several actions were taken to address the deficit including:

- tracking, discussing and posting daily sick time stats on vis walls;
- discussing the impact of sick time with regard to cost and staff morale;
- discussing the importance of hand hygiene and its impact on sick time; and
- working closely with the regional Disability & Attendance Coordinator for timelier follow-up with employees recording above average sick time use.

As a result of this work, scheduling changes are being trialed in an effort to address overtime. Based on this work, a new schedule is also under development for Pineview Lodge in Nipawin.



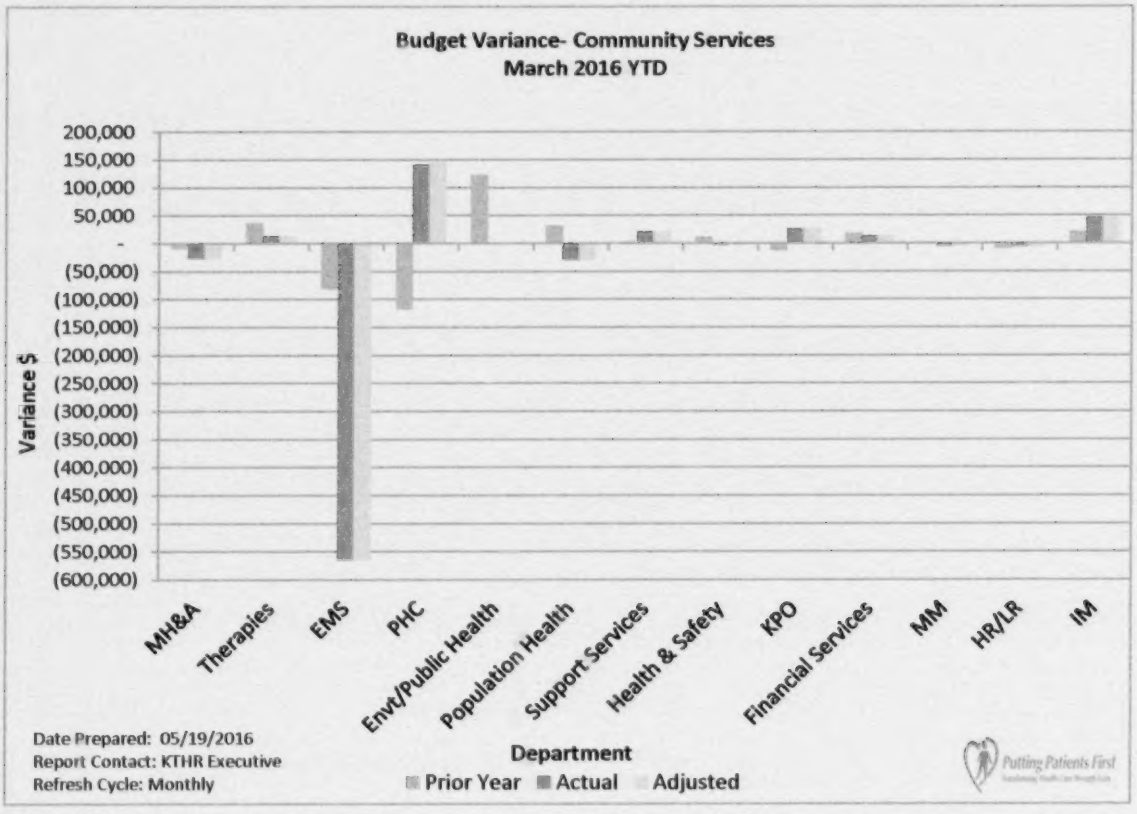
In Community Services, the majority of the $564,000 deficit budget in Emergency Medical Services (EMS) was related to Health Sciences Association of Saskatchewan (HSAS) CBA costs for staff and contracted EMS, which is funded. A significant portion of the remaining balance is due to overtime and standby which has been partially attributed to increased calls which also results in increased revenues. The PHC surplus of $150,000 is related to Nurse Practitioner (NP) vacancies.

Finance undertook a cost metric project focused on investigating and determining root cause for the top ten departmental budget variances in KTHR over $50,000. Following detailed analysis a summary of budget pressures and corrective action plans was developed for consideration of implementation in the new fiscal year.

The departments selected for analysis represent 25% of the region's annual budget and represent a $1.1 million variance approximately 80% of which is due to salaries. Common causes of the variances included:

- recruitment & retention including contracted nurses, a large number of conditional hires, and turnover among employees hired that terminate within two years;

- booking additional staff outside of master rotations to address workload pressures such as high needs clients, equipment issues, return to work programs, and demand; and
- costs related to the replacement of aging equipment.



While examining data in Long Term Care, Acute and Home Care in Melfort, the relationships and impacts between the departments and services became very clear. Significant value was found in taking a community-based focus to addressing issues.

Work on workforce stability, an area identified for priority focus for KTHR in 2015-16, also began with the development of a work plan focused on:

- scheduling and filling shifts at straight time;
- determining if the correct positions are being posted;
- decreasing scheduling errors that impact the ability to fill shifts; and
- decreasing absenteeism.

Corrective action plans are in the developmental stages to address the inconsistencies in Continuing Care Assistants (CCA) education and on-site orientation for conditional hires. A

Rapid Process Improvement Workshop (RPIW) at Nipawin Hospital in March focused on the development of an efficient electronic scheduling system to eliminate defects and waste for Nipawin Hospital Nursing staff scheduling which may lead to opportunities for replication in other facilities in the future.

Better Teams

The Kelsey Trail Regional Health Authority supports the provincial health system's five-year improvement outcome to achieve a culture of safety, by March 31, 2020 there will be no harm to patients or staff.

Improvement Target
By March 2018, fully implement a provincial Safety Alert/Stop the Line (SA/STL) process throughout Saskatchewan

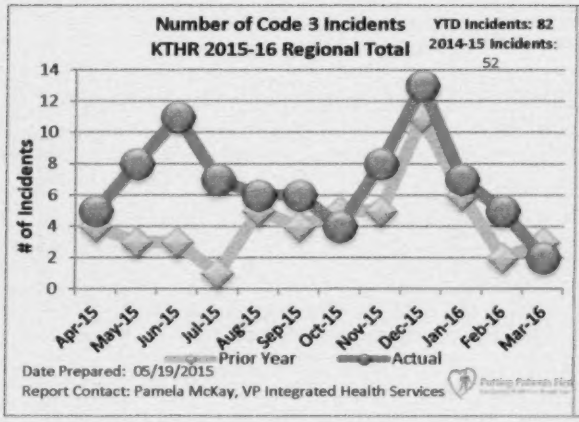
Results:

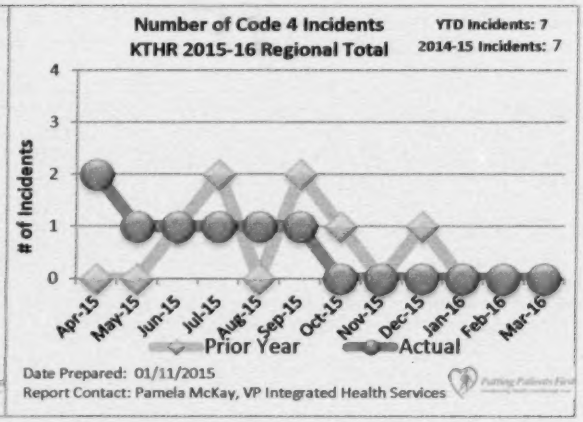
- Improving the safety of patients and healthcare workers is a top priority in Saskatchewan. While harm can occur in all healthcare settings, many of these harms are preventable when a strong safety culture exists and safety practices are embedded in daily work.
- Design and implementation of a Safety Alert System (SAS) supports the detection of safety issues, encourages the reporting of events, and the prevention of errors in healthcare settings by empowering patients, families and healthcare workers to recognize a potentially dangerous situation and trigger a process to stop the harm before it occurs through Stop the Line (STL). Reported incidents are then reviewed and improvements are implemented to reduce future harm and defects.
- The current state of safety and adverse event reporting systems varies widely and has not been standardized across the province. A provincial working group is coordinating efforts with all health regions regarding SA/STL processes.

Measurement Results:

Number of reported events by month, severity level (1 through 4) and facility unit

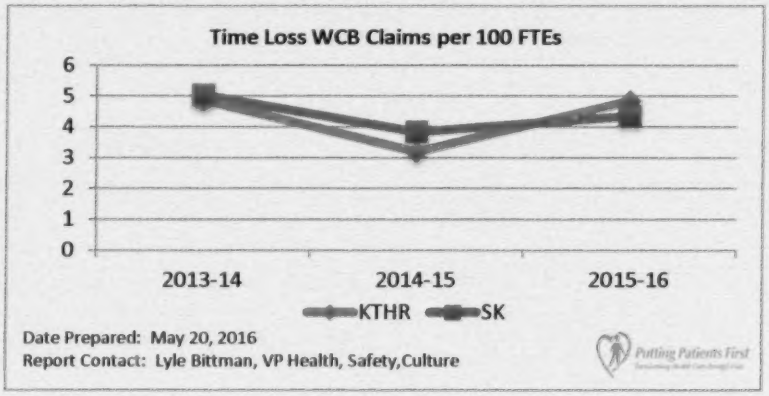
KTHR saw a 58% increase in the number of Code 3 (patient protection event) incidents reported in 2015-16, increasing from 52 in 2014-15 to 82 this year. There was no change in the number of Code 4 (care management event) incidents reported this year as compared to last year, with seven reported in total.





KTHR employees sustained 74 time loss injuries in 2015 – 2016, up almost 39% from the previous year.

Many facilities/departments managed to achieve 100% no time loss injuries, and some others saw improvements in keeping employees healthy and safe this fiscal year.



Improvement Target

By March 31, 2018, all regions and the Cancer Agency will implement the six elements of the Safety Management System.

Measurement Results

Readiness for implementation by RHA

KTHR focused on sustaining the first three required elements of the Safety Management System implemented the previous year (Management and Leadership, Hazard Identification and Control, and Training and Communications) and began work on implementing the next three required elements – Inspections, Reporting & Investigations and Emergency Response.

The region completed an assessment and work plan for the SA/STL system. Patient and staff safety teamed up to value stream map (VSM) current incident reporting processes, develop a shared incident coding chart and conduct root cause analysis training. In total, 44 staff received this training, which was co-delivered by patient and staff safety specialists.

Patient and staff safety codes have been successfully integrated throughout the region. Emphasis on providing resources for safety continues through programs such as Safety for Supervisors, Occupational Health & Safety (OH&S) Committee training, Tuesday Tips and Safety Talks.

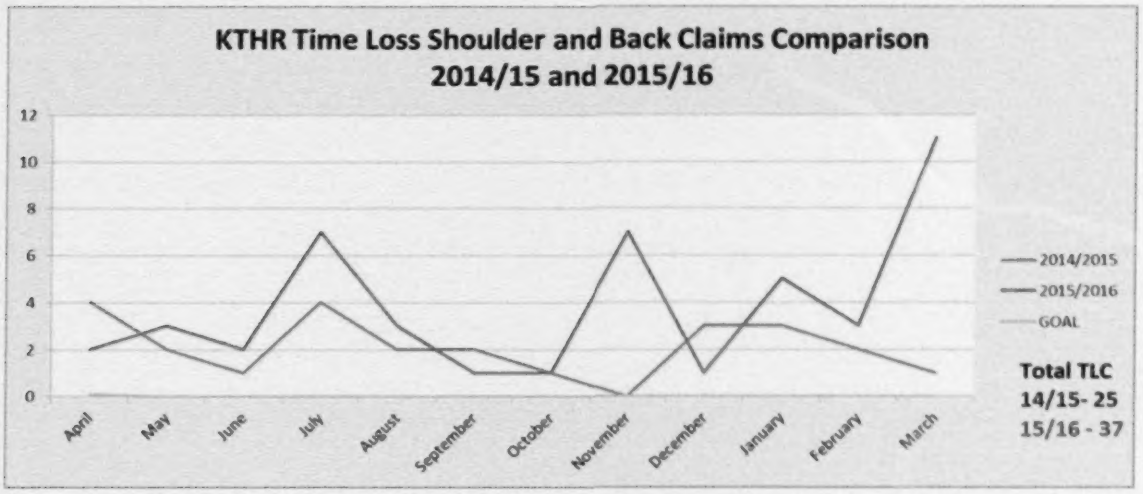
Improvement Target
By March 2019 there will be zero shoulder and back injuries.

Measurement Results

Number of accepted Worker's Compensation Board claims for shoulder and back injury types

Shoulder and back injuries increased by 48% over the previous year. KTHR employees sustained a total of 15 time loss injuries in the month of March alone, 11 of which were shoulder or back injuries. All shoulder and back time loss incidents were investigated to root cause. The primary causes of the shoulder and back injuries recorded in March were Transfer/Lift/Repositioning and Slip/Trip/Falls. Through the implementation of preventative strategies, these types of injuries can be significantly reduced.

There has been a 12% increase in Worker's Compensation Board (WCB) shoulder and back injuries in acute care.

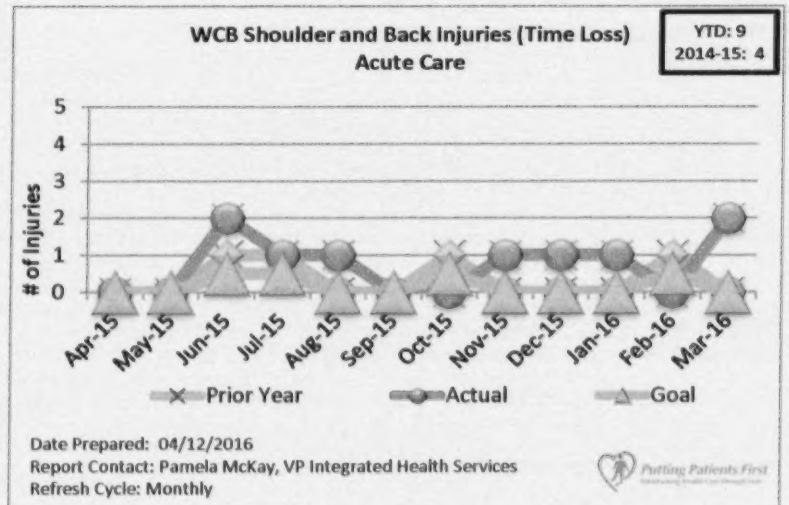


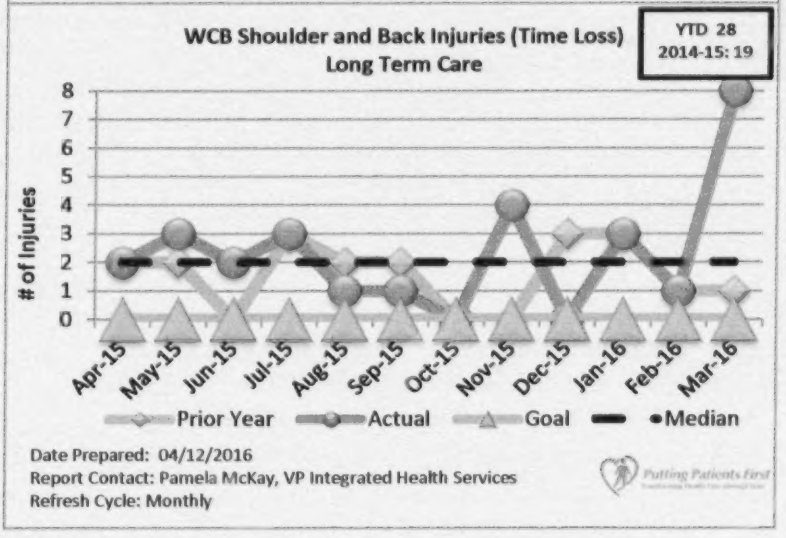
By analyzing root cause to identify hazards and implementing corrective action, opportunities for reoccurrence are being reduced or eliminated. Remedial action needs to be implemented and enforced to eliminate hazard and reduce injuries.

Long term care experienced a 38% increase in WCB back and shoulder injuries over the previous year.

With support from Workplace Health & Safety employees, Parkland Place in Melfort was chosen as the site of a pilot project to reduce time loss injuries, streamline processes and increase the culture of safety among staff. As part of the pilot, safety concerns are discussed with employees during facility walk-throughs. All concerns are reported, incidents are investigated and the results of investigations are shared to increase awareness of risks as well as how to mitigate them.

As a result of the pilot, Parkland Place went for 104 days with no time loss injuries. As of March 31, 2016, 15 KTHR facilities had reported zero time loss injuries and three facilities reported between 33 and 50% reductions in time loss injuries in 2015-16.



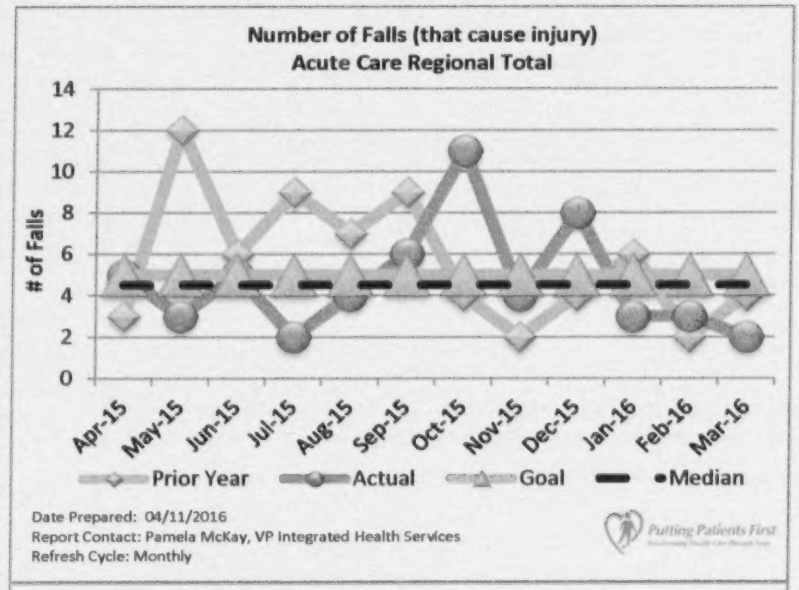


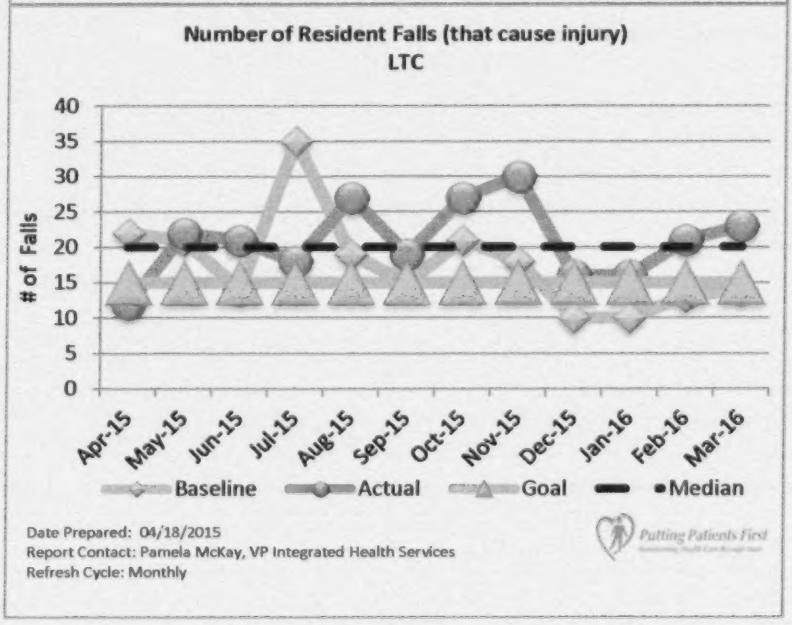
KTHR Patient First Progress

KTHR monitors a number of Quality, Cost, Delivery, Safety and Morale (QCDSM) metrics not considered strategic priorities in the 2015-16 fiscal year but are aligned to provincial outcome targets. These metrics also provide continued focus and support for quality improvement initiatives that benefit patients, clients, residents and their families.

Falls

The KTHR falls reduction target is zero falls with injury in acute care, home care and long term care. The regional fall program is focused on individualized approaches to care planning and addressing fall reduction. Providing customized solutions that fit the needs of each high risk individual has helped reduce falls though ongoing work is required. By focusing on prevention, the quality of life for patients, clients and residents can be improved and the cost to the health care system can be reduced. Falls reduction work has become part of daily management and is featured on visibility walls across the region. Falls prevention best practise education was facilitated by Therapies in 2015-16 and is expected to be complete for acute and long term care early in the new fiscal year. A well-developed falls prevention strategy is in place in long term care and has been standardized in acute care. Falls are a critical aspect of care conferencing in long term care.

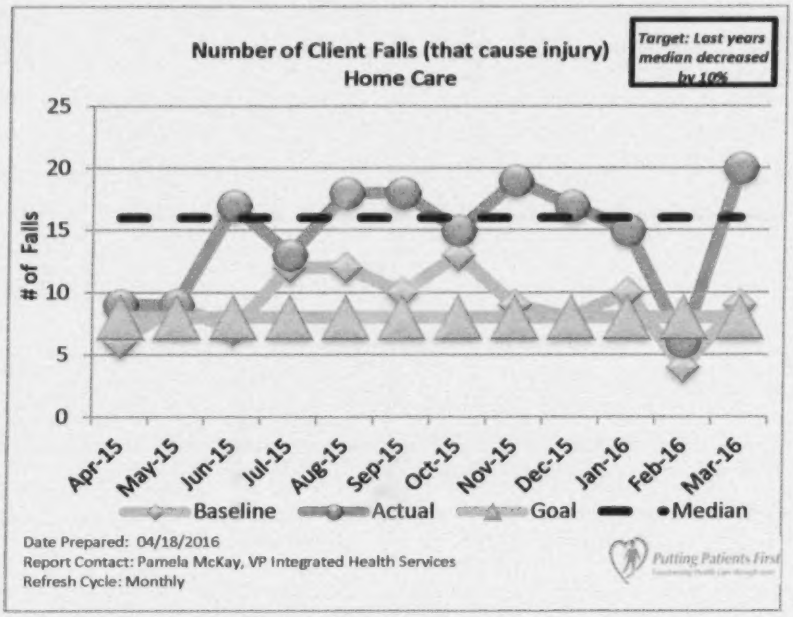




Acute care has experienced an 18% decrease in patient falls causing injury over the previous year. Acute care patients are often at higher risk of falls as the result of the severity of the condition or illness that resulted in their admission to acute care. There are also a growing

number of ALC patients in acute care. Further insight into improvements that can be applied to the acute care setting is expected following the full implementation of purposeful rounding in long term care.

Long term care has reported a 19% increase in falls causing injury this year. It is unclear if there is a correlation between the increase in falls and the decrease in restraint use in long term care. It is expected that the implementation of Purposeful Rounding in all remaining long term care facilities in the coming year may have some impact on fall reduction.



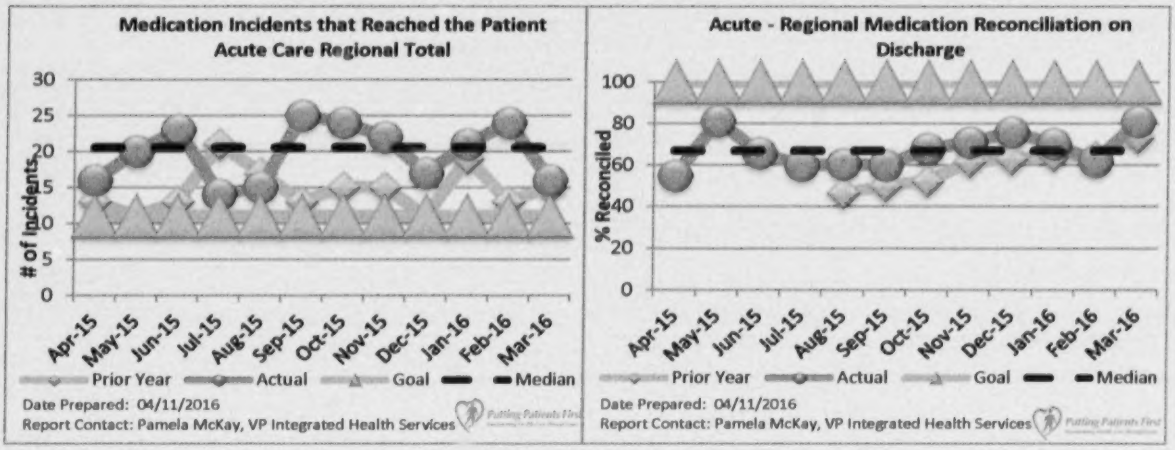
Home Care falls increased by 57% over the previous fiscal year largely due to the fact that falls are recorded even if a Home Care client falls while out with family, making them difficult to manage. Home Care tracks falls through incident reporting, daily management and daily huddles. Tracking also includes falls reported by Home Care clients where there was evidence of injury in order to identify causative/relating factors and initiate early intervention before more critical injury results. Home Care has met with Therapies and the Minimum Data Set (MDS) Coordinator to review and updated processes and policies and a corrective action plan will be developed for the new fiscal year.

Medication Reconciliation

Most patients, clients and residents receiving health care services in KTHR have chronic diseases managed by multiple medications. Medication regimes are often complex and have the potential for adverse drug events/errors resulting in ill health, hospitalization and risk of further injuries such as falls. Research indicates medication reconciliation at transition points decreases harm to individuals, shortens length of hospital stay and reduces re-hospitalization.

In KTHR all acute care facilities implemented medication reconciliation on admission and discharge. Compliance with discharge is currently a greater challenge than admission. Acute care recorded a 35% increase in medication incidents that reached the patient over the

previous year. A 15% increase in medication reconciliation at discharge was a significant improvement over the previous year however more work is required to meet the target. A new provincial discharge form being introduced in the new fiscal year is expected to help that process.



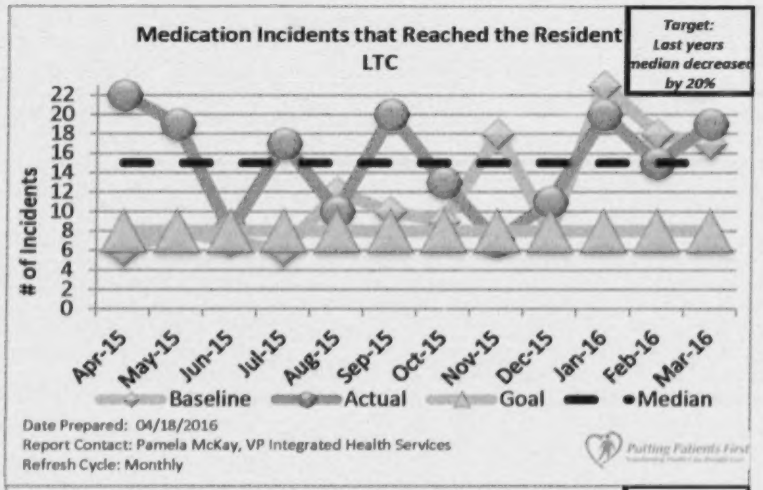
In long term care, there was a 27% increase in medication incidents that reached the resident, which fell short of meeting the target to decrease last year's median by 20%. Standard work for medication patches has helped Nursing staff prevent medication errors previously reported but more work is required to meet the target. A focused mentoring and coaching program related to medication passes has been initiated at Pineview Lodge in Nipawin, where staff achieved a streak of 19 days free of medication incidents between January and February 2016.

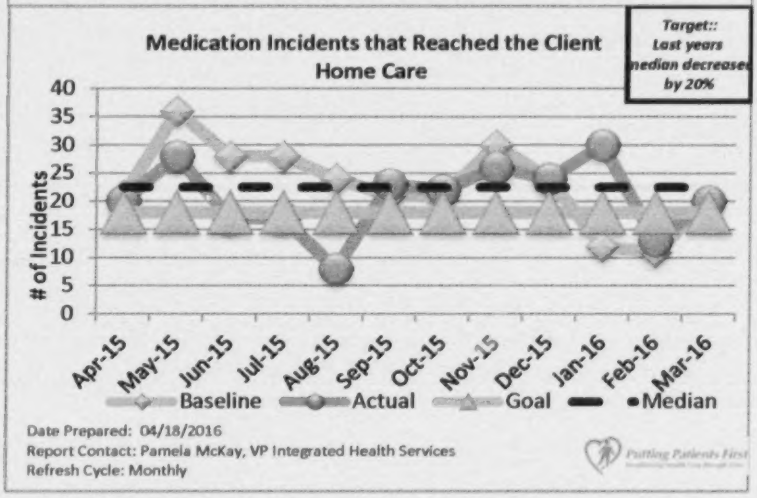
Home Care reported a 10% decrease in medication incidents that reached the client and will focus efforts on maintaining these gains. A corrective action plan related to medication incidents was developed featuring Training Within Industry (TWI) training from standard work created for Home Care medication passes using Medication Assist Records (MAR).

The elimination of medication defects 90 day challenge was issued to Acute, Long Term Care and Home Care on February 1, 2016. While there were no significant decreases in medication defects, the challenge did create increased awareness among managers and staff. As part of the challenge, the following steps were taken:

- daily visual management monitored the number of errors occurring and days without errors;

- Saskatchewan Registered Nurses Association (SRNA) information sheets detailing the difference between preparing medications and pre-pouring medications as well as hiding medication in food were reviewed;
- all medication errors that reached the patient, client or resident had root cause analysis completed and a documented plan on how to eliminate the error from recurring was developed;
- the 10 Rights of Medication Administration were discussed with all staff involved in the medication administration process and reintroduced in all steps;
- Facility Administrators, Nurse Managers and Case Managers were asked to watch the medication administration process and identify real-time areas for improvement which included the transcription process, reduction of interruptions, and eliminating pre-pouring medications; and
- weekly conference calls occurred to discuss management observations, plans and challenges.





The 90 day challenge resulted in the development of standard work for medication administration and transcription for Acute and Long Term Care, and Home Care is rolling out TWI training for medication administration and medicated patches to other areas of the health region. Root cause analysis continues for every medication error that reaches a patient, client

or resident. The Red Deer Nursing Home in Porcupine Plain is changing over to the "Dispill" medication management system and will monitor the results of the change.

Kelvington capital project

Progress on the capital project in Kelvington continued on schedule and on budget. Completion of the new acute care, emergency room and PHC clinic is expected in May 2016. KTRHA board members approved the naming of the new construction, as recommended by a working group of representatives from the Kelvington area, to be known as Kelvington & Area Hospital. The long term care (LTC) facility will retain its current name of Kelvindell Lodge. Renovations to the LTC facility are ongoing with the south wing scheduled for completion in May 2016 Residents of the east wing will then relocate to the south wing and renovations will begin in the east wing. Renovation of the Kelvindell Lodge kitchen was scheduled to begin in April, resulting in the temporary relocation of all Food & Nutrition staff and food services to the kitchen at the existing Kelvington Hospital until the fall of 2016.

Diagnostic Imaging

Carrot River and Melfort were the first two sites in the region to go live with Direct Radiography (DR) units which replace the x-ray rooms and Computed Radiography (CR) units in those communities. Tisdale and Kelvington are expected to go live in June 2016 with the Nipawin, Hudson Bay and Porcupine Plain to follow. With the financial support of community trusts and foundations, the CR replacement will align all of the regional diagnostic imaging equipment with industry standard technology.

Lab

Point of Care (POC) human immunodeficiency virus (HIV) testing has been implemented in Melfort, Nipawin and Tisdale as part of the provincial perinatal HIV prevention protocols. Women whose HIV status is unknown include approximately two to five percent of pregnant women who opt out of HIV testing during prenatal care, who receive "anonymous" HIV testing , who do not receive prenatal care, of who have ongoing risks for acquiring HIV after testing negative. POC testing results that are positive will result in the administration of the appropriate antiretroviral medications to pregnant women in labour and newborn infants, reducing the risk of passing the virus onto the newborn. Since 2007, there have been 13 cases of HIV reported and followed in KTHR.

KTHR partnered with the Saskatchewan Disease Control Laboratory in a pilot project to perform POC Influenza A + B testing at Melfort Hospital to assess the accuracy of a near-patient testing device to consider for implementation in all health regions during the upcoming influenza season. The pilot includes testing on specimens from inpatients, emergency room patients in Melfort Hospital and on all outbreak specimens from long term care facilities in KTHR.

Management Report

May 25, 2016

KELSEY TRAIL HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Kelsey Trail Regional Health Authority. The financial statements have been prepared in accordance with Canadian Public Sector Accounting Standards and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity includes amounts based on estimates and judgements. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the Finance, Audit & Risk Management Committee. The Finance, Audit & Risk Management Committee meets with the Authority, Management and the external auditors to discuss and review financial matters and recommends the financial statements to the Authority for approval. The Authority approves the annual report and, with the recommendation of the Finance, Audit & Risk Management Committee, approves the financial statements.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Finance, Audit & Risk Management Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Shane Merriman, CPA, CMA
Chief Executive Officer

Connie Glaves
VP Corporate Services

2015-16 Financial Overview

Kelsey Trail Health Region recorded an operational surplus, before interfund transfers, of $1,482,903. The region is required to make transfers from the operating fund to the capital fund for mortgage payments, the principal portion of the loan on the region's Energy Performance loan, and necessary allocations to Maintenance & Replacement Reserves. Annualized transfers from operating to capital for 2015-16 amounted to $1,352,389 leaving an adjusted surplus after interfund transfers of $130,514. The KTRHA board approved a capital allocation of 75%, or $97,886, to leave an operational surplus of $32,628.

The region achieved a balanced budget as the result of revenues received from WCB investment earnings in the amount of $654,000, $600,000 in savings related to long term vacancies and $328,000 in utility savings as the result of the mild winter weather. A four month dental benefit contribution holiday, the transfer of DI software costs to the province, laboratory supply savings, the successful appeal of a WCB claim, savings resulting from the implementation of the provincial K-Bro Linen contract in October 2015, and cost reduction management generated an additional $1.1 million of which a portion was offset by the reclassification of Maintenance Service Workers at Parkland Place, an additional $347,000 in efficiency targets as well as overtime and sick time costs.

The 2015-16 budget was based on budgeted revenues of $125,748,482, an increase of one percent over the previous year. Budgeted expenditures of $125,025,163 increased by one percent over the same period, not including appropriations from the operating to the capital fund of .6% required for mortgage payments, the Energy Performance Contract Loan and SHC Reserves. The majority of budgeted revenue changes are related to increases in compensation-related expenses for health care providers. Salaries, benefits and medical remuneration account for 83%, or $102.2 million, of KTHR's budget.

In 2015-16, KTHR received $54,000 in one-time funding for purposeful rounding, and $250,000 to provide rural locum services. The region also saw a net decrease of $31,000 in funding through Saskatchewan Surgical Initiative.

The 2015-16 budget addressed the Ministry's cumulative efficiency targets to date of $5.649 million, which included targeted savings through efficiencies in attendance support, shared services and general efficiencies required since the 2010-11 fiscal year. The region was expected to achieve an additional $1 million in general efficiency targets in 2015-16, continuing work to address sick, overtime and WCB costs which is critical to managing actual costs. Regional budgeting efficiency planning initiatives also include monthly reports on budget

variances as well as working groups focused on analysis of variances, identifying root causes and developing corrective action plans.

Several factors contributed to achieving the region's $1 million efficiency target including a administrative efficiencies, vacancy management, supply or non-salary savings and minor service changes. An improved hiring process and vacancy management continue to play an important role in achieving efficiencies. Quality improvement initiatives remain a focus in an effort to eliminate waste and create value for patients and clients. The region's financial viability continues to take priority and the region continues to make every effort to ensure change is managed with a focus providing high quality patient care while achieving efficiencies and best practice. Strategies continue to be developed with an aim to achieve a balanced financial position in 2016-17 while achieving long term sustainability and fiscal efficiency.

The region's operating pressures are influenced by several factors, particularly the growing costs associated with supporting current health services including:

- advances in technologies, procedures and drugs;
- increased emphasis on environmental/infection control, quality improvement and patient safety;
- human resources shortages; and
- education and training of staff, both mandatory and other.

Capital equipment requests continue to surpass the capital funding available to the region. Advances in technologies, aging equipment and facilities impact the ability to meet the capital needs of the region. The 2015-16 capital budget of $3.8 million targeted new technology and equipment to address quality and patient safety. Priority items on the capital budget included additional medical and surgical equipment, patient care and safety, lab and diagnostic imaging equipment, technology, the construction of an EMS garage in Cumberland House and the ongoing work associated with the construction of the capital project in Kelvington. In 2015-16, the capital equipment funding allocation was $185,000 for general capital equipment. Items that were not considered priority for the 2015-16 capital budget were added to the region's five-year capital equipment plan.

KTHR has been working to complete its highest priority life safety/emergency and infrastructure needs with $4.1 million in infrastructure funding received through the provincial government's $1.5 billion *Ready for Growth* infrastructure initiative. In 2015-16, the region received one-time funding in the amount of $460,000 to address projects including upgrading, replacement or installation of nurse call systems, the Carrot River roof re-shingling, replacement of the chiller at Hudson Bay and a major renovation to the Porcupine Carragana Hospital kitchen. In addition

to the safety equipment improvements, the region also completed work on emergency generators, boilers and building repairs and maintenance.

Community trusts, foundations and auxiliaries provide invaluable support to the region in providing financial resources to help meet capital equipment needs. KTHR partnered with community trusts and foundations to secure community-based capital funding commitments to support the regional diagnostic imaging strategy and cover the capital costs associated with upgrading the existing Computed Radiography (CR) rooms to Digital Radiography (DR) technology in 2015-16.

NeuPath Group, PC Inc.
Chartered Accountants

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Kelsey Trail Regional Health Authority

We have audited the accompanying financial statements of Kelsey Trail Regional Health Authority, which comprise the statement of financial position as at March 31, 2016, the statements of operations, changes in fund balances and cash flow for the year ended March 31, 2016, and notes, comprising a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform an audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design auditor procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Kelsey Trail Regional Health Authority as at March 31, 2016, its results of operations, its changes in fund balances and its cash flows for the year then ended in accordance with Canadian public sector accounting standards for government not-for-profit organizations.

NeuPath Group
Chartered Accountants

Nipawin, Saskatchewan
May 25, 2016

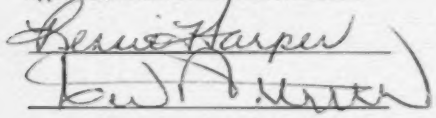
KELSEY TRAIL REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2016

Statement 1

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2016	Total 2015 (Note 17)
ASSETS					
Current assets					
Cash and short-term investments (Schedule 2)	$ 10,425,609	$ 2,030,049	$ 3,750,722	$ 16,206,380	$ 15,807,641
Accounts receivable					
Ministry of Health - General Revenue Fund	538,019	2,714,468	-	3,252,487	69,872
Other	1,214,071	1,968,812	-	3,182,883	1,608,795
Inventory	512,589	-	-	512,589	543,985
Prepaid expenses	736,592	-	-	736,592	788,916
	13,426,880	6,713,329	3,750,722	23,890,931	18,819,209
Investments (Schedule 2)	1,273,886	-	-	1,273,886	1,280,293
Other assets	33,935	179,000	-	212,935	33,070
Capital assets (Note 3)	-	65,812,113	-	65,812,113	60,215,596
Total Assets	$ 14,734,701	$ 72,704,442	$ 3,750,722	$ 91,189,865	$ 80,348,168
LIABILITIES & FUND BALANCES					
Current liabilities					
Accounts payable	$ 4,437,974	$ 1,537,408	$ -	$ 5,975,382	$ 3,860,922
Accrued salaries	3,617,213	-	-	3,617,213	2,761,970
Vacation payable	7,602,822	-	-	7,602,822	7,123,054
Long term debt - current (Note 5)	-	782,594	-	782,594	709,656
Deferred revenue (Note 6)	362,833	-	-	362,833	654,635
	16,020,842	2,320,002	-	18,340,844	15,110,237
Long term liabilities					
Long term debt (Note 5)	-	7,182,911	-	7,182,911	8,017,685
Employee Future Benefits (Note 10)	4,099,700	-	-	4,099,700	4,092,500
Total Liabilities	20,120,542	9,502,913	-	29,623,455	27,220,422
Fund Balances:					
Invested in capital assets	-	57,846,608	-	57,846,608	51,488,255
Externally restricted (Schedule 3)	-	2,793,082	3,750,722	6,543,804	5,121,948
Internally restricted (Schedule 4)	-	2,561,839	-	2,561,839	1,936,012
Unrestricted	(5,385,841)	-	-	(5,385,841)	(5,418,469)
Fund balances – (Statement 2)	(5,385,841)	63,201,529	3,750,722	61,566,410	53,127,746
Total Liabilities & Fund Balances	$ 14,734,701	$ 72,704,442	$ 3,750,722	$ 91,189,865	$ 80,348,168

Commitments (Note 4)
Pension Plan (Note 10)

Approved on behalf of the Board of Directors:



The accompanying notes and schedules are part of these financial statements.

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31, 2016

Statement 2

	Operating Fund			Restricted			
	Budget 2016 (Note 11)	2016	2015	Capital Fund 2016	Community Trust Fund 2016	Total 2016	Total 2015 (Note 17)
REVENUES							
Ministry of Health - General Revenue Fund	$ 113,287,921	$ 114,800,901	$ 113,180,284	$ 7,900,435	$ -	$ 7,900,435	$ 4,101,231
Other Provincial	1,182,170	1,251,485	1,131,658	242,430	-	242,430	320,942
Federal Government	-	1,546	1,440	-	-	-	-
Patient & Client Fees	8,775,495	8,589,876	8,525,861	-	-	-	-
Out of Province (reciprocal)	482,964	510,647	543,837	-	-	-	-
Out of Country	22,733	16,513	29,799	-	-	-	-
Donations	30,000	15,685	19,812	3,214,349	427,545	3,641,894	1,099,459
Ancillary	771,099	791,866	771,664	-	-	-	-
Investment	150,000	117,364	198,268	26,738	42,272	69,010	86,781
Recoveries	592,100	1,214,626	770,388	-	-	-	-
Research Grants	-	-	-	-	-	-	-
Other	454,000	1,021,893	182,042	18,000	-	18,000	5,200
Total revenues	**125,748,482**	**128,332,402**	**125,355,053**	**11,401,952**	**469,817**	**11,871,769**	**5,613,613**
EXPENSES							
Inpatient & resident services							
Nursing Administration	3,647,779	3,847,225	3,658,382	-	-	-	-
Acute	14,722,090	15,363,350	15,111,440	1,578,145	-	1,578,145	1,674,023
Supportive	19,272,160	19,471,638	19,312,977	2,073,272	-	2,073,272	2,029,020
Integrated	5,790,359	6,017,176	5,790,194	1,015,586	3,222	1,018,808	1,175,665
Rehabilitation	-	-	-	-	-	-	-
Mental Health & Addictions	-	-	-	-	-	-	-
Total Inpatient & Resident Services	**43,432,388**	**44,699,389**	**43,872,993**	**4,667,003**	**3,222**	**4,670,225**	**4,878,708**
Physician Compensation	**10,441,404**	**10,581,588**	**11,021,935**	-	-	-	-
Ambulatory Care Services	**3,214,363**	**3,341,207**	**3,238,851**	-	-	-	-
Diagnostic & Therapeutic Services	**12,189,170**	**11,888,087**	**11,463,441**	-	-	-	-
Community Health Services							
Primary Health Care	2,793,449	2,637,289	2,467,068	-	-	-	25
Home Care	8,173,386	8,445,710	8,017,701	-	-	-	-
Mental Health & Addictions	2,914,617	2,881,664	2,718,201	-	-	-	-
Population Health	5,224,150	5,088,148	4,985,354	-	-	-	-
Emergency Response Services	3,951,901	4,394,827	3,873,540	95,096	-	95,096	131,852
Other Community Services	624,712	654,018	630,024	62,582	-	62,582	45,267
Total Community Health Services	**23,682,215**	**24,101,656**	**22,691,888**	**157,678**	**-**	**157,678**	**177,144**
Support Services							
Program Support	7,455,694	7,008,369	7,104,458	-	-	-	-
Operational Support	24,174,343	24,434,336	23,881,623	88,105	-	88,105	92,894
Employee Future Benefits	-	7,200	(20,900)	-	-	-	-
Other Support	435,586	787,667	447,626	-	-	-	-
Environmental Remediation	-	-	-	-	-	-	-
Total Support Services	**32,065,623**	**32,237,572**	**31,412,807**	**88,105**	**-**	**88,105**	**92,894**
Ancillary	-	-	-	-	-	-	-
Total Expenses (Schedule 1)	**125,025,163**	**126,849,499**	**123,701,945**	**4,912,786**	**3,222**	**4,916,008**	**5,148,746**
Excess (Deficiency) of Revenues over Expenses	**$ 723,319**	**1,482,903**	**1,653,108**	**6,489,166**	**466,595**	**6,955,761**	**464,867**
Interfund Transfers							
Building renovations (EPC Loan Payments)		(211,542)	(200,586)	211,542	-	211,542	200,586
Capital asset purchases		-	-	232,673	(232,673)	-	-
SHC reserves		(128,028)	(153,828)	128,028	-	128,028	153,828
Capital Equipment		(697,886)	(684,159)	697,886	-	697,886	684,159
Mortgage payments		(412,819)	(386,482)	412,819	-	412,819	386,482
Total Interfund Transfers		(1,450,275)	(1,425,055)	1,682,948	(232,673)	1,450,275	1,425,055
Increase (Decrease) in Fund Balances		**32,628**	**228,053**	**8,172,114**	**233,922**	**8,406,036**	**1,889,922**
Fund balances, beginning of year		(5,418,469)	(5,646,522)	55,029,415	3,516,800	58,546,215	56,656,293
Fund balances, end of year		$ (5,385,841)	$ (5,418,469)	$ 63,201,529	$ 3,750,722	$ 66,952,251	$ 58,546,215

The accompanying notes and schedules are part of these financial statements.

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
For the Year Ended March 31, 2016

Statement 3

	Operating Fund		Restricted Fund			
	2016	2015	Capital Fund	Community Trust Fund	Total 2016	Total 2015
Cash Provided by (used in):						(Note 17)
Operating activities:						
Excess (deficiency) of revenue over expenditure	$ 1,482,903	$ 1,653,108	$ 6,489,166	$ 466,595	$ 6,955,761	$ 464,867
Net change in non-cash working capital (Note 7)	1,348,083	(1,088,284)	(2,856,196)	-	(2,856,196)	(1,309,274)
Amortization of capital assets	-	-	4,750,211	-	4,750,211	4,910,301
Investment income on long-term investments	-	-	-	-	-	-
(Gain)/loss on disposal of capital assets	-	-	30,392	-	30,392	-
	2,830,986	564,824	8,413,573	466,595	8,880,168	4,065,894
Capital activities:						
Purchase of capital assets						
Buildings/construction	-	-	(9,499,174)	-	(9,499,174)	(5,455,243)
Equipment	-	-	(880,419)	-	(880,419)	(1,386,245)
Proceeds on disposal of capital assets						
Buildings	-	-	855	-	855	-
Equipment	-	-	1,614	-	1,614	-
	-	-	(10,377,124)	-	(10,377,124)	(6,841,488)
Investing activities						
Sale (Purchase) of long-term investments	5,542	(58,713)	-	-	-	-
Increase in other long-term assets	-	-	(179,000)	-	(179,000)	-
	5,542	(58,713)	(179,000)	-	(179,000)	-
Financing activities						
Repayment of debt	-	-	(761,833)	-	(761,833)	(698,701)
Repayment of obligations under long-term Financing arrangements	-	-	-	-	-	-
	-	-	(761,833)	-	(761,833)	(698,701)
Net increase (decrease) in cash & short-term investments during the year	2,836,528	506,111	(2,904,384)	466,595	(2,437,789)	(3,474,295)
Cash & short-term investments, beginning of year	9,039,356	9,958,300	3,251,485	3,516,800	6,768,285	8,817,525
Interfund transfers (Statement 2)	(1,450,275)	(1,425,055)	1,682,948	(232,673)	1,450,275	1,425,055
Cash & short-term investments, end of year	$ 10,425,609	$ 9,039,356	$ 2,030,049	$ 3,750,722	$ 5,780,771	$ 6,768,285

The accompanying notes and schedules are part of these financial statements.

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2016

1. Legislative Authority

The Kelsey Trail Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Kelsey Trail Health Region, under section 27 of The Act. The Kelsey Trail RHA is a non-profit organization and is not subject to income and property taxes from federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian Public Sector Accounting (PSA) standards, issued by the Public Sector Accounting Board and published by CPA Canada. The RHA has adopted the standards for government not-for-profit organizations, set forth at PSA Handbook section PS 4200 to PS 4270.

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following prescribed HCOs and third parties to provide health services:

Nipawin Oasis Community Centre Co-operative Ltd.
Kelvington Ambulance Care Ltd.
Tisdale Ambulance Care Ltd.
Shamrock Ambulance Care Ltd.
North East EMS
Melfort Ambulance Service
Town of Naicam

Note 9 b) i) provides disclosure of payments to prescribed HCOs and third parties.

ii) Fund Raising Foundations

The Nipawin Region Health Foundation Inc. and the North Central Health Care Foundation Inc. are incorporated under *The Non-Profit Corporations Act* and are registered charities under *The Income Tax Act of Canada*.

Under the Foundations' Articles of Incorporation, all funds raised by the Foundations after payments of reasonable expenses must be paid to the RHA (or must be used to purchase and transfer assets to the RHA, for the purpose to provide health care services.)

These financial statements do not include the financial activities of the two Foundations. Alternatively, Note 9 b) ii) provides supplementary information on the Foundations.

2. Significant Accounting Policies – continued

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received or receivable for provision of health services from the Ministry of Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received or receivable from the Ministry of Health – General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted revenues are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted revenues related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted revenues are recognized as revenue of the appropriate restricted fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

2. Significant Accounting Policies – continued

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Land improvements	1 - 20%
Buildings	2.5 - 10%
Equipment	3 – 33.33%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

e) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. All inventories are held at the lower of cost or net realizable value as determined on a weighted average cost basis.

f) Employee Future Benefits

i) Pension

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

ii) Disability income plan:

Employees of the RHA participate in several disability income plans to provide wage-loss insurance due to a disability. The RHA follows post-employment benefits accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

iii) Accumulated Sick Leave Benefit Liability

The RHA provides sick leave benefits for employees that accumulate but do not vest. The RHA recognizes a liability and an expense for sick leave in the period which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method.

g) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian Public Sector Accounting standards. In the preparation of the financial statements, management

2. Significant Accounting Policies – continued

makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

h) Financial Instruments

The RHA has classified its financial instruments into one of the following categories: i) fair value or ii) cost or amortized cost.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's length transaction between knowledgeable and willing parties under no compulsion to act. The following financial instruments are subsequently measured at cost or amortized cost:

- Accounts receivable
- Short term and long term investments
- Accounts payable, accrued salaries and vacation payable
- Long term debt

As at March 31, 2016 the RHA does not have any material outstanding contracts or financial instruments with embedded derivatives.

All financial assets are assessed for impairment on an annual basis. When a decline is determined to be other than temporary, the amount of the loss is reported in the statement of operations.

i) Replacement Reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

j) Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

3. Capital Assets

	2016			2015
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 638,752	$ -	$ 638,752	$ 639,590
Land Improvements	660,264	629,166	31,098	33,935
Buildings	119,301,632	72,880,420	46,421,212	48,600,334
Equipment	29,070,033	22,147,268	6,922,765	7,439,779
Construction in progress	11,798,286	-	11,798,286	3,501,958
	$ 161,468,967	$ 95,656,854	$ 65,812,113	$ 60,215,596

4. Commitments (Contractual Obligations)

a) Capital Asset Obligations

As at March 31, 2016 contractual obligations for acquisition of capital assets were $3,666,574 (2015 - $10,598,151).

b) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2017	187,397
2018	134,690
2019	111,901
2020	76,381
2021	0

c) Contracted Health Care Organizations

The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA similar to those provided in the year ending March 31, 2015. Note 9 b) provides supplementary information on Health Care Organizations.

5. Long Term Debt

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Outstanding 2016	2015
Rose Valley Health Centre				
C.M.H.C., due October 1, 2021	1.12%	$38,797 Principal & interest Mortgage renewal date – February 1, 2020.	$ 209,892	$ 246,117
Newmarket Manor				
C.M.H.C., due March 1, 2023	1.12%	$140,126 Principal & interest Mortgage renewal date – February 1, 2020.	943,025	1,071,804
Kelvindell Lodge				
C.M.H.C., due October 1, 2020	2.11%	$33,508 Principal & interest Of which $364 is subsidized by SHC. Yielding an effective interest rate of 2.09%. Mortgage renewal date – January 1, 2019.	146,291	176,373
Red Deer Nursing Home				
C.M.H.C., due February 1, 2027	4.42%	$57,305 Principal & interest Of which $48,000 is subsidized by SHC. Yielding an effective interest rate of 0.72%. Mortgage renewal date – March 1, 2017.	496,708	531,374

5. Long Term Debt – continued

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Outstanding 2016	2015
Arborfield Special Care Lodge				
C.M.H.C., due September 1, 2021	1.12%	$101,510 Principal & interest Mortgage renewal date – February 1, 2020.	$ 541,219	$ 636,088
Pineview Lodge				
C.M.H.C., due January 1, 2017	0.90%	$54,242 Principal & interest Mortgage renewal date – January 1, 2017.	54,242	117,686
C.M.H.C., due April 1, 2025	1.04%	$124,214 Principal & interest Of which $108,000 is subsidized by SHC. Yielding an effective interest rate of 0.14%. Mortgage renewal date – October 1, 2020.	1,076,280	1,178,783
Chateau Providence				
C.M.H.C., due October 1, 2026	4.31%	$96,109 Principal & interest Of which $78,000 is subsidized by SHC. Yielding an effective interest rate of 0.81%. Mortgage renewal date – December 1, 2016.	817,066	876,790
Energy Performance Contract				
Toronto Dominion Bank due October 15, 2026	5.33%	$413,885 Principal and interest	3,680,782	3,892,326
			7,965,505	8,727,341
Less: Current portion			782,594	709,656
			$ 7,182,911	$ 8,017,685

5. Long Term Debt – continued

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. The term loan with the Toronto Dominion Bank is unsecured. Principal repayments required in each of the next five years are estimated as follows:

2017	$782,594
2018	749,695
2019	771,956
2020	795,194
2021	805,444
2022 and subsequent	4,060,622

6. Deferred Revenue

	Balance Beginning Of Year	Less Amount Recognized	Add Amount Received	Balance End Of Year
Saskatchewan Health Initiatives				
Enhanced Dental Services	$ 16,483	$ 111,951	$ 117,455	$ 21,987
LTC - Urgent Issues Action Fund	33,872	482	-	33,390
Primary Care - Melfort PHC Team	67,954	43,842	-	24,112
Compensation	258,867	258,867	-	-
Physician Rural Locum	43,620	187,965	250,000	105,655
Total Saskatchewan Health	**420,796**	**603,107**	**367,455**	**185,144**
Other Government of Saskatchewan Initiatives				
Kids First Targeted	182,083	567,769	470,318	84,632
Nursing Recruitment Funding	51,756	10,115	-	41,641
3sHealth IV Pump Initiative	-	-	51,416	51,416
Total Other Government of Saskatchewan	**233,839**	**577,884**	**521,734**	**177,689**
Non Government of Saskatchewan Initiatives				
-	-	-	-	-
Total Non Government of Saskatchewan	-	-	-	-
Total Deferred Revenue	**$ 654,635**	**$ 1,180,991**	**$ 889,189**	**$ 362,833**

7. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2016	2015	Capital Fund	Community Trust Fund	Total 2016	Total 2015
(Increase) Decrease in accounts receivable	$ (1,147,757)	$ 116,206	$(4,223,523)	$ -	$ (4,223,523)	$ 74,366
(Increase) Decrease in inventory	31,396	40,500	-	-	-	-
(Increase) Decrease in prepaid expenses	666,902	81,752	-	-	-	-
Increase (Decrease) in accounts payable	747,133	934,839	1,367,327	-	1,367,327	(1,383,640)
Increase (Decrease) in accrued salaries	855,243	(1,725,337)	-	-	-	-
Increase (Decrease) in vacation payable	479,768	(82,438)	-	-	-	-
Increase (Decrease) in deferred revenue	(291,802)	(432,906)	-	-	-	-
Increase (Decrease) in employee future benefits	7,200	(20,900)	-	-	-	-
	$ 1,348,083	$(1,088,284)	$(2,856,196)	$ -	$ (2,856,196)	$ (1,309,274)

8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2016 was $67,567 (2015 - $54,446). These amounts are not reflected in the financial statements.

9. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards, and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at exchange amounts which approximate prevailing market rates charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

North Sask Laundry:

North Sask Laundry (NSL) provided linen services mainly to RHA's in Saskatchewan. The Kelsey Trail RHA was a 25% shareholder of NSL and had the right to appoint one board member to the NSL Board of Directors. NSL ceased operations on October 9, 2015 and dissolved as a corporation on March 31, 2016. Prior to dissolution the

9. Related Parties - continued

shareholders appointed Prince Albert Parkland RHA as a settlement agent to act on behalf of the shareholders, at which time the balance of all assets and liabilities were transferred to Prince Albert Parkland RHA.

NSL is a non-profit incorporated organization and is not subject to income and property taxes from the federal, provincial and municipal levels of government.

	2016	2015
Revenues		
Athabasca Regional Health Authority	$ 165,500	$ 256,705
Ministry of Education	547,214	505,377
Ministry of Health	123,845,928	115,339,668
Ministry of Justice	101,000	100,000
North Sask Laundry	600,000	-
Sask Housing Corporation	242,430	320,942
SGI	54,226	132,430
	$125,556,298	$ 116,655,122

Expenditures	2016	2015
Correctional Facilities Industries Revolving Fund	$ 202	$ 627
Cumberland Regional College	93,086	1,348
Health Quality Council	263	5,883
Mamawetan Churchill River Regional Health Authority	16,440	8,220
Ministry of Central Services	369,462	622,573
North East School Division	30,832	38,168
North Sask Laundry & Support Services	463,489	807,268
Prince Albert Parkland Regional Health Authority	54,590	39,165
Regina Qu'appelle Regional Health Authority	-	235
3sHealth	3,859,410	3,892,817
Sask Energy	619,592	976,206
Sask Housing	10,728	9,119
Sask Power	1,312,459	1,290,655
Sask Tel	492,394	586,939
Sask Workers Compensation Board	1,055,162	1,318,064
Saskatchewan Institute of Applied Science and Technology	7,918	845
Saskatchewan Transport Company	17,996	13,703
Saskatoon Regional Health Authority	387,774	375,806
SGI	36,944	26,084
SHEPP	11,351,664	10,731,010
eHealth Saskatchewan	164,722	140,829
Saskatchewan Research Council	-	377
Heartland Health Region	49	
	$ 20,345,176	$ 20,885,941

9. Related Parties - continued

	2016	2015
Accounts Receivable		
Ministry of Health	$ 3,252,486	$ 69,872
	$ 3,252,486	$ 69,872
Prepaid Expenditures		
Workers Compensation	$ 306,131	$ 308,297
	$ 306,131	$ 308,297

b) Health Care Organizations

i) Prescribed Health Care Organizations and Third Parties

The RHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to prescribed HCOs and Third Parties:

	2016	2015
Nipawin Oasis Community Centre Co-operative Ltd.	$ 48,767	$ 47,776
Kelvington Ambulance Care Ltd.	498,300	436,879
Tisdale Ambulance Care Ltd.	562,806	509,811
Shamrock Ambulance Care Ltd.	283,999	241,705
North East EMS	1,352,024	1,054,415
Melfort Ambulance Service	580,599	521,166
Town of Naicam	141,762	143,554
	$ 3,468,257	$ 2,955,306

ii) Fundraising Foundations

Fundraising efforts are undertaken through non-profit business corporations known as the Nipawin Region Health Foundation Inc. and North Central Health Care Foundation Inc. The Kelsey Trail Regional Health Authority has an economic interest in the Foundations. In accordance with donor-imposed restrictions, $463,316 (2015 - $455,775) of the foundations' net assets must be used to purchase specialized equipment or services. The Nipawin Region Health Foundation Inc. total expenses include contributions of $98,745 (2015 - $52,100) to the RHA. The North Central Health Care Foundation Inc. total expenses include contributions of $0 (2015 - $0) to the RHA.

10. Employee Future Benefits

a) Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Health Shared Services Saskatchewan (3sHealth) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the 3sHealth Board of Directors).

2. Public Service Superannuation Plan (PSSP) (a related party) - This is also a defined benefit plan and is the responsibility of the Government of Saskatchewan.

3. Public Employees' Pension Plan (PEPP) (a related party) - This is a defined contribution plan and is the responsibility of the Government of Saskatchewan.

The RHA's financial obligation to these plans is limited to making required payments to these plans according to their applicable agreements. Pension expense is included in Compensation – Benefits in Schedule 1 and is equal to the RHA contributions amount below.

	2016			2015
	SHEPP[1]	PEPP	Total	Total
Number of active members	1,361	6	1,367	1,338
Member contribution rate, percentage of salary	8.10%-10.70%	6.00%-7.00%*		
RHA contribution rate, percentage of salary	9.07%-11.98%	6.00%-7.00%*		
Member contributions (thousands of dollars)	5,347	30	5,376	5,483
RHA contributions (thousands of dollars)	5,990	30	6,021	6,139

***Contribution rate varies based on employee group**

1. Active members are employees of the RHA, including those on leave of absense as of March 31, 2016.

Inactive members are not reported by the RHA, their plans are transferred to SHEPP and managed directly by them.

Pension plan contribution rates have increased as a result of recent deficiencies in SHEPP. Any actuarially determined deficiency is the responsibility of participating employers and employees in the ratio of 1.12 to 1. Contribution rates will continue to increase until the next actuarial reports are completed.

10. Employee Future Benefits - continued

b) Disability Income Plans

Employees of the RHA Participate in one of the following disability income plans, administered by 3SHealth.

1. General established in 1975
2. SUN established in 1982 – affiliated with the Saskatchewan union of Nurses

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Disability expense is included in Compensation Benefits in Schedule 1 and is equal to the RHA contributions amount below.

	2016			2015
	SUN	General	Total	Total
Number of Active Members	228	191	419	354
Member Contribution rate, percentage of salary	0.76%	0.60-0.65%		
RHA contribution rate, percentage of salary	0.89%	0.65-0.70%		
Member conttributions (thousands of dollars)	123	98	221	251
RHA contributions (thousands of dollars)	145	98	243	277

* Contribution Rate Varies

c) Accumulated Sick Leave Benefit Liability

The cost of the accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. The RHA has completed an actuarial valuation as of March 31, 2016. Key assumptions used as inputs into the actuarial calculation are as follows:

	2016	2015
Discount rate	1.90%	1.90%
Earnings Increase	0%-2%	0%-2%

	2016	2015
Accrued benefit obligation, beginning of year	$ 4,092,500	$ 4,113,400
Cost for the Year		
Interest Expense	84,300	119,800
Other	535,100	479,100
Benefits paid during the year	(612,200)	(619,800)
Accrued benefit obligation, end of year	$ 4,099,700	$ 4,092,500

11. Budget

The RHA Board approved the 2015-2016 budget plan on May 27, 2015.

12. Financial Instruments

a) Significant Terms and Conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing, and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Financial Risk Management

The RHA has exposure to the following risk from its use of financial instruments: credit risk, market risk and liquidity risk.

The Board ensures that the RHA has identified its major risks and ensures that management monitors and controls them. The Chairperson oversees the RHA's systems and practices of internal control, and ensures that these controls contribute to the assessment and mitigation of risk.

c) Credit Risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The RHA is also exposed to credit risk from cash, short-term investments and investments.

The carrying amount of financial assets represents the maximum credit exposure as follows:

		2016		2015
Cash and short-term investments	$	16,206,380	$	15,807,641
Accounts receivable				
Ministry of Health - General Revenue Fund		3,252,487		69,872
Other		3,182,883		1,608,795
Investments		1,273,886		1,280,293
	$	23,915,636	$	18,766,601

The RHA manages its credit risk surrounding cash and short-term investments and investments by dealing solely with reputable banks and financial institutions, and utilizing an investment policy to guide their investment decisions. The RHA invests surplus funds to earn investment income with the objective of maintaining safety of principal and providing adequate liquidity to meet cash flow requirements.

12. Financial Instruments - continued

d) Market Risk

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates, will affect the RHA's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment

i) Foreign Exchange Risk:

The RHA operates within Canada, but in the normal course of operations is party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of the RHA. The RHA believes that it is not subject to significant foreign exchange risk from its financial instruments.

ii) Interest Rate Risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

Financial assets and financial liabilities with variable interest rates expose the RHA to cash flow interest rate risk. The RHA's investments include long-term bonds bearing interest at coupon rates. The RHA's long-term debt outstanding as at March 31, 2016 and 2015 have fixed interest rates.

Although management monitors exposure to interest rate fluctuations, it does not employ any interest rate management policies to counteract interest rate fluctuations.

As at March 31, 2016, had prevailing interest rates increased or decreased by 1%, assuming a parallel shift in the yield curve, with all other variables held constant, the RHA's financial instruments would have decreased or increased by approximately $55,000, (2015 - $66,000) approximately 4% of the fair value of investments (2015 – 5%).

e) Liquidity Risk

Liquidity risk is the risk that the RHA will not be able to meet its financial obligations as they become due.

The RHA manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and anticipated investing and financing activities.

At March 31, 2016 the RHA has an operating cash balance of $10,425,609 (2015 - $9,039,356).

12. Financial Instruments - continued

f) Fair Value

The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature:

- Cash and short-term investments
- Accounts receivable
- Accounts payable
- Accrued salaries and vacation payable

The carrying amount of investments approximates their fair value as interest rates are consistent with current market rates.

The fair value of long term debt before the repayment required within one year is $8,395,344 (2015 $8,816,064) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

g) Short-term Borrowing/Operating Line-of-credit

The RHA has a line-of-credit of $1,000,000 (2015 - $1,000,000) with a floating rate of interest charged at Prime minus .50% which is re-negotiated annually. The line-of-credit is secured by accounts receivable including all grants, revenues and any other forms or sources of payments from the Province of Saskatchewan and any other funding bodies. Total interest paid on the line-of-credit was $0 (2015 - $0).

13. Community Generated Funds

Under the terms of the pre-amalgamation agreement, the RHA has agreed to hold community generated assets in trust. The Board established a separate fund for the assets of each trust. Health corporations formerly held these assets before amalgamating with the Board. The assets are interest bearing with the interest credited to the trust balance. The Authority presently administers $3,750,722 (2015 - $3,516,800) under these agreements.

Each trust fund has a "Trust Advisory Committee" which is appointed by the various towns, villages, hamlets, and rural municipalities served by the pre-amalgamation agency. The trust funds are for the benefit of the ratepayers of the various municipalities and shall be used for health related purposes. The committees have the power to establish rules and procedures and the majority decision of the committees shall be binding upon the RHA with respect to any use of the trust fund.

14. Energy Performance Contract

Energy performance contracting is a unique program that allows the RHA to implement facility improvements, reduces energy costs, improve health and comfort conditions while contributing to the province's environmental objectives. *SaskPower Energy Solutions* performed extensive research to establish a baseline of annual cost savings they guarantee as part of this project. The project is expected to provide utility cost savings that will pay for the cost and financing of this project within an established time frame. Any additional savings are calculated and verified by methods established in the contract and are applied to the loan. Kelsey Trail Regional Health Authority entered into a guaranteed energy performance savings contract with *SaskPower Energy Solutions Company*.

The total cost of the energy performance contract is $4,861,669. As at March 31, 2016, construction costs of $4,785,198 (2015 - $4,785,198) have been financed through a $4,861,669 long-term debt loan with a balance of $3,680,784 outstanding (2015 - $3,892,326), which bears interest at a rate of 5.33%. The long-term debt is amortized over a period of 18.5 years.

Results of the energy renewal project since its inception are:

	2016	Prior Years	Total
Estimated Utility Savings	394,983	1,676,031	2,071,014
Interest Costs	202,343	1,272,535	1,474,878

15. Collective Bargaining Agreements

The Saskatchewan Government Employees Union (SGEU) contract is in effect until March 31, 2017. The Saskatchewan Union of Nurses (SUN) contract expired March 31, 2014. At March 31, 2016 a tentative four-year agreement had been signed and was ratified on April 20, 2016. The Health Sciences Association of Saskatchewan (HSAS) contract is in effect until March 31, 2018.

16. Pay for Performance

As part of government-wide fiscal restraint measures, the pay for performance compensation plan has been suspended for the fiscal years 2014-15 to 2016-17. This compensation plan was introduced in April 2011 and allowed senior employees to be eligible to earn lump sum performance adjustments of up to 110% of their base salary. In prior years, senior employees were paid 90% of current base salary and lump sum performance adjustments related to the previous year. Due to the suspension of the pay for performance compensation plan, senior employees will receive 100% of their base salary for the fiscal years 2014-15 to 2016-17.

17. Co-Ownership Error

The RHA and Ministry of Health signed a co-ownership agreement on January 30, 2013 to construct an integrated health facility in Kelvington. The RHA has been accounting for its 22.5% share of the co-owned capital asset. It has been determined that the full cost of the capital asset and the Ministry's share of the funding should be recognized. As a result, the RHA has retrospectively adjusted the financial statements to account for the Ministry's contribution.

At April 1, 2015, these financial statements were adjusted as follows:

	As Previously Stated	Restatement Adjustment	As Restated
ASSETS			
Accounts Receivable	$ 287,326	$ (217,454)	$ 69,872
Capital Assets	57,556,295	2,659,301	60,215,596
Total Assets	77,906,321	2,441,847	80,348,168
LIABILITIES AND FUND BALANCES			
Fund Balances			
Investment in capital assets	48,828,954	2,659,301	51,488,255
Externally Restricted	5,339,402	(217,454)	5,121,948
Total Fund Balances	50,685,889	$ 2,441,847	53,127,746
TOTAL LIABILITIES AND FUND BALANCE	77,906,321	2,441,847	80,348,168
REVENUES			
Ministry of Health - GRF	2,159,384	1,941,847	4,101,231
TOTAL REVENUES	3,671,766	1,941,847	5,613,613

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES BY OBJECT
For the Year Ended March 31, 2016

Schedule 1

	Budget 2016	Actual 2016	Actual 2015
Operating:			
Advertising & public relations	$ 87,135	$ 48,861	$ 45,507
Board costs	117,210	68,621	93,044
Compensation - benefits	15,193,449	14,689,805	15,047,774
Compensation - employee future benefits	-	7,200	(20,900)
Compensation - salaries	76,780,241	78,858,905	75,480,735
Continuing education fees & materials	265,197	182,753	258,655
Contracted-out services - Other	297,114	260,919	238,740
Diagnostic imaging supplies	13,310	5,893	8,809
Dietary supplies	140,838	156,462	129,592
Drugs	654,439	755,200	678,704
Food	1,775,450	1,893,458	1,758,434
Grants to ambulance services	3,152,037	3,346,028	2,876,889
Grants to health care organizations & affiliates	801,505	720,769	782,570
Housekeeping & laundry supplies	364,431	315,944	357,090
Information technology contracts	961,683	728,252	777,147
Insurance	251,500	242,347	243,489
Interest	209,245	210,563	221,959
Laboratory supplies	1,227,703	1,020,078	1,047,077
Medical & surgical supplies	2,718,726	2,921,591	2,728,894
Medical remuneration & benefits	10,191,892	10,525,403	10,992,108
Meetings	94,051	81,068	99,271
Office supplies & other office costs	459,525	445,618	422,955
Other	440,708	510,104	522,606
Professional fees	1,093,203	1,036,762	891,191
Prosthetics	-	-	-
Purchased salaries	547,670	1,065,845	1,008,496
Rent/lease/purchase costs	1,449,372	1,482,273	1,317,807
Repairs & maintenance	1,630,990	1,362,696	1,644,772
Supplies - Other	359,111	452,349	417,376
Therapeutic supplies	-	-	-
Travel	1,324,861	1,358,574	1,210,605
Utilities	2,422,567	2,095,158	2,420,549
Total Operating Expenses	$ 125,025,163	$ 126,849,499	$ 123,701,945
Restricted:			
Amortization		$ 4,750,211	$ 4,910,301
Loss/(Gain) on disposal of fixed assets		30,392	-
Mortgage Interest Expense		114,528	209,310
Other		20,877	29,135
		$ 4,916,008	$ 5,148,746

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULE OF CONSOLIDATED INVESTMENTS
As at March 31, 2016

Schedule 2

		Fair Value	Maturity	Effective Rate	Coupon Rate
Restricted Investments*					
Cash and Short Term					
Chequing and Savings:					
Cornerstone Credit Union - Tisdale	$	5,734,526			
Diamond North Credit Union		46,245			
	$	5,780,771			
Term Deposits:					
		-			
	$	-			
Total Cash & Short Term Investments	$	5,780,771			
Long Term					
		-			
Total Long Term Investments	$	-			
Total Restricted Investments	$	**5,780,771**			
Unrestricted Investments					
Cash and Short Term					
Cash on Hand	$	7,100			
Cornerstone Credit Union - Tisdale		10,258,837			
Affinity Credit Union - Melfort		51,802			
Diamond North Credit Union		56,411			
Affinity Credit Union - Hudson Bay		37,410			
Porcupine Credit Union		12,303			
Accent Credit Union - Kelvington		1,420			
Cornerstone Credit Union - Short Term		326			
Total Cash & Short Term Investments	$	10,425,609			
Long Term					
Bonds	$	1,273,886	Various	Variable	
Total Long Term Investments	$	1,273,886			
Total Unrestricted Investments	$	**11,699,495**			
Total Investments	$	**17,480,266**			
Restricted & Unrestricted Totals					
Total Cash & Short Term	$	16,206,380			
Total Long Term		1,273,886			
Total Investments	$	**17,480,266**			

* Restricted Investments consist of:
- Community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and
- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) and/or Saskatchewan Housing Corporation (an agency of the Department of Community Resources and Employment) (SHC) held in the Capital Fund (Schedule 4).

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2016

Schedule 3

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donation	Expenses / Transfers	Capital Expenses	Balance End of Year
Community Services	$ 116,590	$ 1,343	$ -	$ -	$ (2,801)	$ 115,132
Edith Campbell Bursary	29,014	334	-	-	-	29,348
Hudson Bay Health Care Facility	257,701	3,270	107,967	(2,622)	(31,963)	334,353
Kelvindell Lodge	122,707	1,431	3,455	-	-	127,593
Kelvington Hospital	155,076	1,786	1,318	-	-	158,180
Newmarket Place	332,508	3,850	3,186	(104,992)	-	234,552
Pam Worley Bursary	641	7		-	-	648
Porcupine Plain Hospital	276,013	4,326	267,097	-	(41,870)	505,566
Ralston Medical Research	524,440	6,041		-	-	530,481
Red Deer Nursing Home	60,410	854	22,746	-	(47,808)	36,202
Rose Valley Health Centre	83,672	963		(600)	-	84,035
Tisdale Hospital	1,417,490	16,396	7,325	-	(3,239)	1,437,972
Tisdale Hospital - Dialysis Unit	140,538	1,669	14,453	-	-	156,660
Total Community Trust Fund	**$ 3,516,800**	**$ 42,270**	**$ 427,547**	**$ (108,214)**	**$ (127,681)**	**$ 3,750,722**

CAPITAL FUND

	Balance Beginning of Year	Investment & Other Income	Capital Grant Funding	Expenses / Transfers	Capital Expenses	Balance End of Year
Saskatchewan Health Initiatives	(Note 17)					
Ministry of Health - Block Funding	$ 128,156	$ -	$ 460,000	$ -	$ (497,132)	$ 91,024
Ministry of Health - Capital Equipment	359,024	-	-	-	(180,455)	178,569
Ministry of Health - Capital Projects	(143,974)	2,901,521	7,440,436	104,992	(8,781,616)	1,521,359
Ministry of Health - CT Project	429,400	-	-	-	-	429,400
Ministry of Health - Radiology Equipment	620,716	164,948	-	-	(401,901)	383,763
Ministry of Health - Safety and Surgical	154,627	-	-	-	(8,653)	145,974
Total Saskatchewan Health	$ 1,547,949	$ 3,066,469	$ 7,900,436	$ 104,992	$ (9,869,757)	$ 2,750,089
Non Government of Saskatchewan Initiatives						
Other	57,199	105,382	-	-	(119,588)	42,993
Total Non Government of Saskatchewan Initiatives	$ 57,199	$ 105,382	$ -	$ -	$ (119,588)	$ 42,993
Total Capital Fund	**$ 1,605,148**	**$ 3,171,851**	**$ 7,900,436**	**$ 104,992**	**$ (9,989,345)**	**$ 2,793,082**
TOTAL EXTERNALLY RESTRICTED FUNDS	**$ 5,121,948**	**$ 3,214,121**	**$ 8,327,983**	**$ (3,222)**	**$ (10,117,026)**	**$ 6,543,804**

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
For the Year Ended March 31, 2016

Schedule 4

	Balance, beginning of year	Investment income allocated	Annual allocation from unrestricted fund	Transfer to unrestricted fund (expenses)	Capital Expenses	**Balance, end of year**
Capital						
Replacement Reserves						
Arborfield Special Care Home	$ 133,644	$ 1,591	$ -	$ -	$ -	$ 135,235
Chateau Providence	69,474	801	7,750	-	-	78,025
Kelvindell Lodge	66,403	765	8,043	-	-	75,211
Newmarket Manor	85,411	1,099	18,000	(15,757)	(49,921)	38,832
Pineview Lodge	27,545	317	11,254	-	-	39,116
Red Deer Nursing Home	54,632	630	-	-	-	55,262
Total Replacement Reserves	$ 437,109	$ 5,203	$ 45,047	$ (15,757)	$ (49,921)	$ 421,681
Other Internally Restricted Funds						
Activities - Arborfield Special Care Home	12,498	7,145	-	(8,290)	-	11,353
Activities - Carrot River	29,278	13,469	-	(9,364)	-	33,383
Ambulances	67,719	781	50,000	-	(60,923)	57,577
Capital	869,369	47,659	697,886	27,981	(119,415)	1,523,480
Cumberland House Health Centre	41,096	474	7,500	-	-	49,070
Cumberland House Home Care	2,034	25	-	-	-	2,059
Hudson Bay Health Care Facility	39,675	457	5,080	-	-	45,212
Nirvana Pioneer Villa	63,591	733	12,000	-	(5,126)	71,198
Palliative Home Care	1,496	15	-	-	-	1,511
Parkland	209,384	2,413	-	-	(27,183)	184,614
Pasquia Special Care Home	62,775	724	-	-	-	63,499
Rose Valley Health Centre	81,825	943	8,111	-	-	90,879
Sasko Park Lodge	12,199	25	-	(12,224)	-	-
Tisdale Joint Use Facility	5,964	69	290	-	-	6,323
Total Capital	**$ 1,936,012**	**$ 80,135**	**$ 825,914**	**$ (17,654)**	**$ (262,568)**	**$ 2,561,839**
Operating						
Other Internally Restricted Funds	$ -	$ -	$ -	$ -	$ -	$ -
Total Operating	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Total Internally Restricted Funds	**$ 1,936,012**	**$ 80,135**	**$ 825,914**	**$ (17,654)**	**$ (262,568)**	**$ 2,561,839**

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULES OF
BOARD MEMBER REMUNERATION
for the year ended March 31, 2016

Schedule 5(a)

RHA MEMBERS	RETAINER	PER DIEM	TRAVEL TIME EXPENSES	TRAVEL AND SUSTENANCE EXPENSES	OTHER EXPENSES	CPP	2016 TOTAL	2015 TOTAL
Chairperson								
Rennie Harper	$ 9,960	$ 11,217	$ 8,198	$ -	$ -	$ -	$ 29,375	$ 45,109
Board Member								
Clarence Hendrickson	-	7,706	5,298	-	-	-	13,004	15,132
Darrell Guy[2]	-	2,525	1,498	-	-	-	4,023	7,713
Dennis Koch	-	3,121	495	-	-	-	3,616	4,775
Frank Garchinski[2]	-	1,163	427	-	-	-	1,590	5,039
Gordon Cresswell	-	1,738	163	-	-	-	1,901	2,615
Kathleen Bedard	-	2,485	742	-	-	71	3,298	3,675
Nancy Steinbachs	-	2,813	1,247	-	-	-	4,060	4,360
Richard Radom	-	3,775	2,462	-	-	141	6,378	5,493
Tracy Slobodian[1]	-	1,360	869	-	-	48	2,277	
Robert Mardell[1]	-	1,900	1,705	-	-	81	3,686	-
TOTAL	$ 9,960	$ 39,803	$ 23,104	$ -	$ -	$ 341	$ 73,208	$ 93,911

1. Term began October 19, 2015
2. Term ended December 12, 2015

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE

for the year ended March 31, 2016

Schedule 5 (b)

	2016							2015		
Senior Employees	**Salaries**[1]	**Vacation Payout**[1]	**Sub-total** (Total Salaries)	**Benefits and Allowances**[2]	**Sub-total**	**Severance** Amount	**Total**	**Salaries, Benefits & Allowances**[1,2]	**Severance**	**Total**
Glen Kosuk, CEO[4]	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 27,572	$ -	$ 27,572
Shane Merriman, CFO[5]	254,756	-	254,756	66	254,822	-	254,822	290,319		290,319
Senior Positions:										
Pam McKay	228,441	-	228,441	66	228,507	-	228,507	250,674	-	250,674
VP Institutional Health Care										
Connie Glaves[6]	157,855	-	157,855	66	157,921	-	157,921	130,796	-	130,796
VP Corporate Service										
Richard Peters[3]	-	-	-	-	-	-	-	42,570	-	42,570
VP Community & Primary Health Care										
Lyle Billman[6]	157,855	-	157,855	876	158,731	-	158,731	129,196	-	129,196
VP Health, Safety & Culture										
Dr. Jordan Wingate	136,056	-	136,056	3,600	139,656	-	139,656	168,228	-	168,228
VP Medical Services & Chief of Staff										
Total	**$ 934,963**	**$ -**	**$ 934,963**	**$ 4,674**	**$ 939,637**	**$ -**	**$ 939,637**	**$ 1,039,355**	**$ -**	**$ 1,039,355**

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration. The pay for performance compensation plan has been suspended for the fiscal years 2014-15 to 2016-17. Senior employee will receive 100% of their base salary for 2014-15 and 2015-16. For further details refer to Note 16 - Pay for Performance.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of an automobile, cell-phone, computer, etc. As well as any other taxable benefits.

3. Interim position May 14, 2012 to July 17, 2014

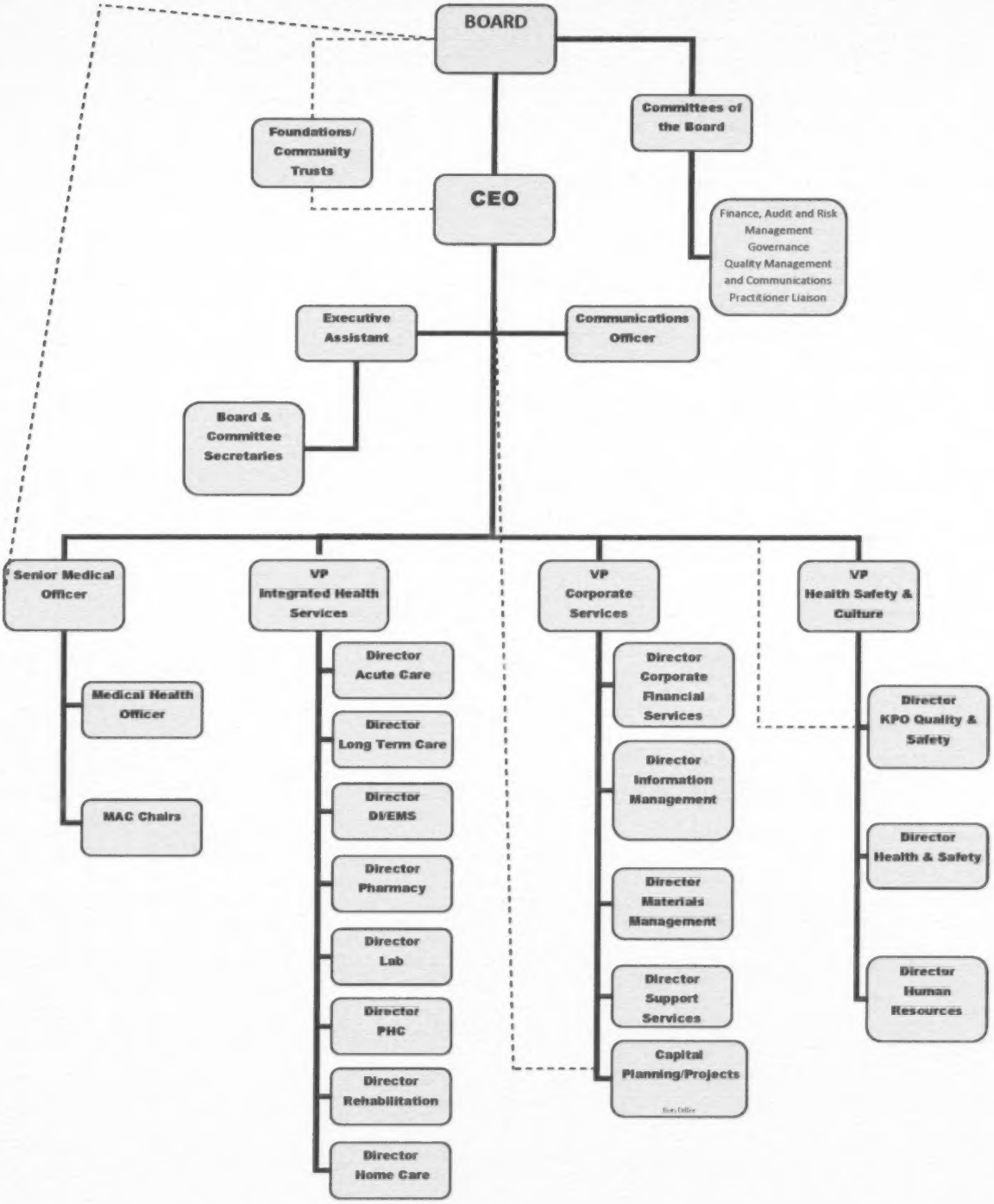
4. Retired December 31, 2013

5. Position began April 1, 2014

6. Position began June 1, 2014

Appendices

2015-16 Organizational Chart



KELSEY TRAIL REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2016

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

Personal Services

Aasen, Corey	$66,733.99	Beaulieu, Sharon	$92,784.55
Aasen, Tammy	80,342.13	Bedard, Tracy	96,948.33
Aasen, Ward	118,454.28	Beecher, Clint	76,777.30
Adames, Oralee	87,853.38	Bertrand, Marilyn	58,008.39
Agbisit, Cleofelyn	53,255.18	Betthel, Kim	50,260.42
Agustin, May	58,508.75	Bigelow, Sharyl	65,347.98
Akpan, James	67,209.62	Bischoff, Carrie	70,860.15
Alexander, Laura	79,325.37	Bittman, Lyle	157,854.98
Anderson, Penny	96,791.56	Bitzer, Denise	111,286.39
Andrus, Angela	93,490.12	Black, Whitney	59,109.04
Anstey Teichroeb, Kelly	79,636.87	Black, Joan	102,747.82
Arneson, Anna	90,384.90	Bohachewski, Amanda	52,031.29
Assie, Ramona	117,688.11	Bolduc, Jennifer	73,122.59
Atkings, Deborah	82,255.53	Bonsan, Roxane	87,075.88
Atkinson, Lorette	77,989.75	Borsa, Shannon	76,292.32
Audette, Debra	70,509.69	Boughen, Janice	87,034.85
Bailey, Trenna	75,572.31	Bouvier, Gisele	94,442.82
Ballendine, Laurie	65,950.00	Boxall, Lia	144,706.14
Baptist, Farrah	70,543.80	Boychuk, Kellie	70,883.32
Barlow, Linda	123,064.02	Braaten, Lynda	81,009.47
Barrie, Amber	102,586.10	Bradley, Margaret	91,375.57
Batiuk, Carlina	50,848.13	Brakstad, Terry	79,338.89
Bayne, Bonny	56,799.19	Bronner, Tanis	73,235.07

Brooks, Leslie	76,965.16	Chrusch, Maureen	81,280.44
Brothwell, Linda	111,984.57	Chute Bodvarson, Bobbi	88,172.72
Brown, Tammy	68,112.48	Clark, Thomas	91,433.56
Brown, Chase	113,136.93	Clarke, Leeann	70,254.20
Bryson, Dennis	83,598.96	Clarke, Janice	91,419.28
Buhler, Jessie	106,822.63	Claypool, Renee	101,836.76
Burghardt, Shelley	70,260.17	Cleaveley, Maria	52,546.95
Burtnick, Mackenzie	62,043.13	Clerigo, Lorna	53,826.17
Burton, Violet	90,664.96	Clerigo, Desiree	85,226.35
Buyaki, Peggy	78,993.76	Code, Jacquelin	72,466.59
Cal, Shelly	155,409.08	Cole, Betty	79,434.88
Campbell, Lavinia	50,745.65	Coleman, Elise	50,482.26
Campbell, Quentin	55,394.28	Connors, Ella	54,758.55
Campbell, Vivian	120,323.50	Cosh, Deena	53,471.88
Campeau, Charlene	54,051.71	Crickett, Donna	102,796.45
Carfantan, Dana	82,931.42	Cross, Debbie	68,083.81
Carlson, Sandra	96,029.75	Cross, Danielle	98,734.11
Carolus, Andrew	93,482.06	Crozon, Bridget	60,011.44
Carswell, Kathryn	98,321.45	Cunningham, Leanne	99,294.76
Casavant, Janice	76,320.38	Currie, Debra	54,472.18
Casemore, Terrah	54,128.36	Curry, Jennifer	53,818.32
Chabot, Catherine	80,637.26	Dagg, Arlene	68,829.58
Chaboyer, Sheila	77,301.55	Dagg, Leslie	104,777.45
Chancellor, Donna	51,477.99	Dahl, Sherry	102,461.71
Chapman, Jeannine	91,261.00	Dalziel, Joan	60,985.74
Charbonneau, Susanne	72,373.75	Daoust, Roxane	92,237.50
Charko, Jessie	72,743.28	Davies, Bonita	53,805.78
Chatfield, Patty	65,683.76	Day, Karen	50,780.52
Chorney, Jessica	79,919.78	De Haan, Sonya	93,920.94
Christiaens, Erin	106,822.61	Delaet, Erin	84,903.07
Christianson, Monique	72,090.62	Demarsh, Terry	65,127.97
Christianson, Leslie	85,307.82	Derenowski, Carmen	55,813.65
Chrusch, Garry	70,872.19	Derksen, Michelle	51,115.42

Dierker, Christine	96,086.26	Folden, Deanna	94,363.55
Dobrinski, Barb	101,544.63	Ford, Kelly	72,927.27
Donald, Ronda	116,110.19	Fortin, Wendy	63,556.48
Doucette, Natalie	118,284.36	Foster, Maryanne	90,044.91
Douslin, Sharon	78,088.66	Francais, Maureen	61,434.15
Drake, Chantelle	83,598.96	Francis, Anthony	86,308.10
Draude, Pattie	88,663.40	Franklin, Judy	64,848.90
Drotar, Lynnette	73,007.77	Franklin, Karri	112,846.00
Duerksen, Loretta J	92,427.68	Freedman, Allison	54,064.45
Dumitrascu, Maria	66,113.98	Friesen, Dwayne	87,159.95
Edwards, Shelly	93,971.44	Frisky, Sharon	113,899.90
Enge, Terry	56,097.85	Froese, Margaret	57,871.52
Ens, Evan	83,598.96	Fullerton, Natasha	77,563.53
Epino-Lao, Adelfa	52,070.33	Galucan, Carolyn	101,192.46
Erdman, Colleen	50,379.11	Gane, Stephanie	53,338.60
Erickson, Bonnie	53,782.40	Garchinski, Kimberley	102,586.10
Ericson, Rayleen	53,868.36	Garland, Stephanie	93,040.95
Ernst, Raeann	86,771.26	Geck, Denise	108,570.79
Espenant, Rodney	102,019.53	Genik, Heather	102,628.02
Evans, Courtney	72,839.81	George, Myrna	69,058.22
Ewen, Linda	72,994.39	Gessner, Mary	72,352.87
Ewen, Sandy	78,274.14	Getachew, Eyoueal	74,636.69
Fagnou, Bettylou	94,758.01	Glaves, Connie	157,855.00
Fannon, Lee Ann	94,547.27	Glister, Sherrie	74,743.36
Farber, Tracy	112,817.29	Gooliaff, Dolores	78,553.27
Fawcett, Jeffrey	64,693.46	Gordon, Ardis	71,319.09
Fawcett, Stephanie	100,114.80	Gordon, Amanda	81,835.28
Fawcett Parkman, Carol	57,234.49	Gordon, Jessica	95,852.40
Fedorychka, Jennifer	58,842.72	Gray, Raymond	62,173.97
Ferguson, Terri Lynn	99,416.68	Gray, Shawna	69,313.85
Ferre, Arien	80,465.79	Gudnason, Douglas	98,572.58
Fidyk, Melanie	103,721.60	Gustafson, Joanne	51,644.13
Flamand, Sonia	71,988.26	Hage, Barbara	75,966.87

Hainstock, Donna	83,598.96	Honoway, Renee	67,349.41
Hall, Jeanine	51,622.37	Hosaluk, Jo Elle	57,674.58
Hall, Judy	52,484.04	Howse, Wendy	81,152.08
Hall, Michelle	77,529.65	Hoyt, Catherine	55,347.89
Halvorsen, Elaine	102,481.69	Hrebeniuk, Renee	71,476.04
Hampton, Bonnie	108,230.09	Hrenkiw, Collette	57,222.25
Hancock, Tracie	69,890.55	Hrychuk, Michelle	60,538.26
Hancock, Jason	81,816.54	Hughes, Tracy	98,690.06
Hanson, Candice	66,770.17	Hunt, Stacey	88,762.51
Harasymuk, Brian	113,214.24	Ingham, Tanya	97,316.10
Harbicht, Faye	83,598.96	Isberg, Kathie	53,720.03
Harper, Joyce	52,384.93	Ives, Brenda	83,556.42
Hartman, Leanne	54,307.61	Jackson, Vanessa	67,429.61
Haugo, Aline	89,256.06	Jeffrey, Audrey	50,131.37
Hayduk, Michael	94,700.35	Johns, Sheryl	50,968.05
Hayworth, Beverly	79,643.99	Johnson, Marilyn	54,547.29
Heatherington, Breann	71,977.94	Johnson, Bonnie	117,477.30
Hedin, Kimberly	55,593.88	Jones, Kama	70,302.22
Hedin, Cody	83,598.80	Jones, Judy	84,994.81
Hemingson, Linda	105,036.00	Kajner, Judy	53,694.61
Henderson, Elaine	96,679.99	Kajner, Neelie	61,559.61
Herbert, Chelsea	85,045.79	Kapacila, Janice	86,965.11
Heron, Maureen	84,661.63	Kapeller, Eliza	87,317.05
Hewitt, Anna Dawn	120,323.50	Keeping, Ruth	73,427.15
Hidlebaugh, Michael	50,251.90	Kehrig Chometsky, Mary	57,919.71
Hiebert, Shelley	52,627.55	Khan, Mohammad	233,524.94
Hiebert, Jessi	81,932.01	Kiefer, Marilyn	122,793.46
Hiebert, Gillian	87,526.64	Kinch, Derek	57,344.23
Hilkewich, Jocelyn	99,376.05	King, Elaine	51,661.71
Hirsch, Jana	88,659.44	Kirkland, Sherrie	79,815.63
Hobbins, Tim	106,822.61	Kisilowski, Laurie	55,853.33
Hoffus, Diane	62,237.27	Kistner, Wendy	53,766.34
Hoffus, Marianna	71,682.37	Kiteley, Wanda	66,134.03

Kittler, Derek	54,853.03	Lindsay, Joanne	74,370.32
Kleiboer, Sharon	56,575.22	Lindsay, Lynda	78,042.65
Knudsen, Irene	56,190.48	Lipka, Sharon	52,880.76
Kolodinsky, Charleen	57,244.39	Little, David	83,598.96
Kolybaba, Amanda	80,371.91	Logan, Kim	101,282.39
Koroll, Jarod	90,907.22	Lopez, Christian	50,374.22
Kosokowsky, Louise	88,050.05	Love, Nicolette	99,721.61
Kostiew, Nikki	84,907.21	Lueken, Linda	113,941.24
Kovach, Tammy	105,624.24	Lukaszuk, Lucy	50,890.91
Kovacs, Coral	114,875.09	Lummerding, Michael	93,772.44
Kowal, Joell	74,743.35	Lundy, Jody	96,028.96
Kowal, Louise	104,074.68	Lutz, Tammy	64,294.88
Kowalyk, Leah	63,022.91	Mackie, Carmen	95,242.09
Kozun, Tamara	88,012.36	MacNaughton, Angela	56,786.95
Kroening, Kimberley	71,983.95	Mahon, Sherry	91,953.86
Kuhberg, Sylvia	67,405.75	Mahussier, Wanda	95,166.70
Kuras, Crystal	84,454.31	Major, Lisa	127,300.29
Kushniruk, Noreen	54,648.00	Mamer, Francoise	110,078.00
Kwasney, Laurie	108,948.14	Marban, Charlemag	132,975.45
Kwochka, Jessica	54,735.32	Marshak, Audrey	57,493.76
Lalla, James	58,674.25	Marshall, Howard	135,296.24
Lalonde, Deborah	94,927.61	Martens, Lesley	67,434.36
Lamont, Audrey	74,200.53	Martin, Kade	80,538.61
Larsen, Angela	70,835.71	Martin, Pauline	103,259.28
Larson, Barbara	50,933.04	Mathesonboe, Dana	50,485.97
Larson, Janelle	80,177.04	Matiasz, Tammy	76,720.91
Le Grand, Mildred	58,555.34	McCleary, Angela	69,185.55
Lebel, Diane	50,255.68	McCorriston, Heather	52,185.55
Lechler, Pamela	70,531.20	McCorriston, Elizabeth	64,274.49
Lee, Joanne	53,821.26	McCreadie, Stacey	86,899.88
Lee, Roxanne	90,113.06	McEwan, David	57,946.63
Leek, Brenda	75,490.04	McFarlane, Lana	67,040.71
Lindsay, Maureen	69,948.00	McInnis, Magdalene	71,053.99

McKay, Pamela	228,441.25	Nagano, Myla	77,171.77
McKee, Kara	59,382.72	Nagano, Marlene	141,177.62
McKenzie, Trisha	64,839.17	Nagy, Karen	50,345.33
McLaren, Terri	97,217.01	Nagy, Stacey	69,481.99
McShannock, Nancy	83,126.23	Nagy, Garnet	97,916.72
McWillie, Greg	135,443.50	Nahosha, Kim	53,881.80
Meier, Lisa	51,115.15	Nakonieczny, Lerissa	52,434.67
Melrose, Beverly	74,434.13	Nakonieczny, Ada	68,160.25
Mennie, Maxine	53,097.48	Neigel, Cindy	89,843.93
Menzies, Annette	83,661.03	Neigel, Sarah	92,784.62
Merriman, Shane	241,092.40	Neiszner, Tanya	102,586.11
Messner, Janice	107,569.94	Nelson, Michele	73,719.58
Mevel Degerness, Nadine	112,846.01	Nelson, Shalamar	82,171.06
Meyer, Kathleen	102,586.10	Neu, Monica	72,065.40
Meyers, Candace	82,883.69	Neufeld, Anjie	89,866.22
Meyers, Stacey	104,182.36	Newbery, Donna	53,576.39
Michaliew, Alison	72,357.38	Nickel, Rhonda	115,700.57
Miller, Heather	92,784.68	Nicklefork, Ryan	82,608.84
Misskey, Lisa	93,767.62	Nordmarken, Kimberly	54,600.50
Mitchell, Trent	135,443.50	Nordstrom, Ruth	51,286.25
Moffatt, Glenda	66,256.95	Nordstrom, Jeanne	90,046.93
Molnar, Kevin	75,133.39	Nosbush, Diane	50,694.86
Molnar, Pamela	95,556.69	Nyirenda, Julien	111,252.03
Moneta, Shari	82,131.05	O'Flanagan, Cheryl	70,411.40
Montemayor, Lilibeth	56,368.83	O'Flanagan, Linda	52,799.59
Montes, Sharon	50,991.85	Oftebro, Marilyn	50,818.35
Mooney, Marlys	82,592.91	Ollinger, Monique	96,690.13
Moore, Crystal	82,359.31	Olson, Dinah	84,704.63
Moore, Nicolette	82,599.51	Olson, Patricia	113,116.88
Moulton, Tanya	100,140.06	Orobko, Laura	54,483.12
Musselman, Leanne	75,565.47	Osei-Boadi, Emmanuel	55,441.91
Mutimer, Candice	56,376.87	Pappenfoot, Christine	95,809.51
Naber, Colleen	106,822.62	Paredes, Clarisse	52,717.50

Parlee, Tammy	102,586.10	Remus, Ron	100,150.32
Paskell, Darla	69,294.42	Reyes, Jennifer	51,246.76
Patenaude, Elaine	77,255.56	Riddoch, Debra	55,361.17
Patenaude, Judy	82,628.06	Riemer, Christina	94,128.23
Patterson, Trudy	54,071.23	Robertson, Rita	87,945.15
Penner, Shelley	61,303.25	Robichaud, Susan	77,290.94
Penner, Joanne	67,434.99	Robin, Rosanne	86,596.42
Perrault, Linda	104,602.58	Rogers, Trent	51,215.93
Perrault, Roxanne	107,800.33	Rogers, Candace-R	81,469.37
Perron, Stacey	74,641.48	Rollo, Xander Ly	73,125.18
Peters, Erin	66,926.80	Romaniuk, Trina	88,324.50
Peters, Sharon	102,586.10	Rosas, Joy Basil	91,762.57
Peters, Richard	120,829.16	Rosencrans, Randi	86,269.41
Peterson, Sarah	64,887.97	Rudychuk, Margaret	93,706.32
Peterson, Linda	92,784.63	Runn, Diane	91,226.34
Philipation, Ryan	112,858.04	Rutherford, Ann Marie	53,151.93
Phillips, Angela	57,244.40	Ryhorchuk, Mabel	77,393.03
Pickett, Laura	77,659.76	Sales, Josie	109,963.74
Pohl, Jennifer	71,619.54	Samida, Lorie	83,513.74
Pohl, Christine	112,846.02	Sauer, Teresa	55,346.15
Pratt, Laureen	75,060.37	Saufert, Karla	53,547.56
Prefontaine, Holly	57,547.42	Savage, Meghan	67,636.80
Puno, Mary Rose	55,410.26	Scaife, Stephanie	57,493.97
Radke, Robert	55,569.73	Scarf, Jeannette	99,044.42
Radloff, Jennifer	104,204.72	Scheidl, Carol	71,946.98
Ralph, Diane	52,834.38	Schell, Wendy	92,835.89
Ramales, Grace	86,430.68	Schlechte, Kristin	89,686.28
Randall, Allix	74,002.74	Schmaltz, Carlene	94,426.11
Ratcliffe, Peggy	83,471.35	Schmitt, Joyce	69,601.99
Ratzlaff, Lyndsay	53,562.88	Schoettler, Melanie	97,103.30
Reed, Lorry	95,859.35	Scott, Kaeli	86,042.94
Reid, Barbara	91,554.45	Scutchings, Jodie	70,950.10
Reid, Jill	93,075.97	Seiferling, Sheila	109,935.20

Semko, Megan	67,478.84	Street, Faye	92,576.25
Senecal, Jean	97,242.15	Streeton, Patricia	61,699.99
Serhan, Debbie	73,593.53	Strnad, Amanda	74,252.82
Severight, Amanda	75,456.44	Stroeder, Kyle	109,846.10
Shearer, Connie	100,786.13	Stroeder, Kellie	112,831.64
Shrestha, Rajeena	69,565.80	Styan, Cathy	65,127.96
Shreve, Lisa	79,419.46	Sullivan, Norinne	93,467.38
Siddons, Sandra	57,244.38	Summach, Jared	51,829.83
Simoneau, Renee	122,374.78	Sundelin, Robin	64,130.82
Simonson, Wendy	54,540.98	Sundelin, Jacquelin	69,950.78
Skiftun, Sarah	88,002.91	Swider, Darcy	52,189.33
Skilliter, Dianne	101,235.06	Szucs, Denise	56,159.65
Skjerpen, Chad	67,417.83	Talloden, Roberta	50,391.35
Slobodzian, Fred	120,323.50	Taylor, Christine	53,105.92
Smears, Wanda	74,722.30	Taylor, Tammy	78,797.34
Smith, Courtney	65,992.43	Teiber, Tanya	68,970.58
Smith, Debbie	78,225.79	Thevenot, Karen	71,412.77
Smith, Diane	87,719.60	Thibodeau, Terry	78,251.68
Sochaski, Linda	62,985.72	Thiessen, Corey	83,598.96
Solberg, Lisa	53,258.21	Thomas, Krista	57,229.82
Soonias, Myrna	65,127.97	Thorpe, Cheri	71,083.28
Sorestad, Tracy	67,875.19	Tiedjens, Alicia	92,152.04
Soulier, Avalene	92,915.40	Torrance, Kristen	51,177.29
South, Melissa	50,890.90	Tosh, Lee	92,784.66
Sprackman, Michelle	102,586.10	Townsend, Jenna	67,956.28
Spratt, Coralie	57,424.39	Trombley, Sandi	60,954.83
Stadnek, Sonja	94,005.71	Trombley, Christine	75,794.97
Stensrud, Colleen	131,439.77	Turcotte, Heather	79,018.10
Stevens, Whitney	69,334.28	Tyndall, Norma	102,586.10
Stevenson, Kathleen	77,379.90	Uhryn, Chantel	92,050.08
Stevenson, Cheryl	84,803.43	Unger, Catherine	104,034.99
Stevenson, Barbara	100,052.38	Valeroso, Merla	54,523.45
Stewart, Geoff	77,927.96	Vancamp, Jackie	103,203.03

Vandeveen, Gloria	81,215.68	White, Dale	96,162.03
Verklan, Louise	84,338.72	Whitehead, Merna	78,094.75
Vhal, Leeann	58,938.62	Wilson, Cheri	96,875.52
Wall, Christa	65,111.41	Wilson, Doris	100,499.54
Wallington, Julia	51,454.66	Wittig, Randy	136,331.78
Walter, Darin	119,398.64	Wood, Kelsi	80,546.10
Warriner, Valerie	131,950.75	Worman, Herbert	57,213.13
Wassill, Pamela	61,706.68	Wozniak, Deborah	73,100.97
Watson, Jennifer	88,625.56	Wyonzek, Acara	52,101.89
Watt, Anita	102,586.10	Yaholnitsky, Pearl	97,468.92
Wehrkamp, Mary Jane	54,997.63	Yaremy, Carol	77,256.88
Weiman, Blair	93,721.36	Yeo, Charles	92,784.67
Wenbourne, Kelsey	70,669.83	Young, Holly	51,622.02
Weseen, Sandra	114,220.25	Zacarias, Nelson	90,648.54
Wesnoski, Barbara	94,129.20	Zens, Arlene	100,646.87
White, Dayna	54,221.44	Zip, Leanne	64,161.52
White, Tanya	64,302.55		

Transfers

Listed, by program, are transfers to recipients who received $50,000 or more.

None

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

3S Health (SAHO)	3,859,410.00	Associate Radiologists of Saskatoon	310,406.45
Access Communications	53,860.40	Automotive Resources International	426,729.16
Advantage Roofing	166,953.15	Baxter Corporation	89,231.31
AMO Canada Company	213,404.46	Beckman Coulter Canada LP	77,059.93
Archerwill Local # 58	203,707.76	Biomed Recovery & Disposal	53,648.04
Arjohuntleigh	121,860.56	Biomerieux Canada Inc	90,017.02

Bio-Rad Laboratories Canada Ltd	51,802.26
Cardinal Health Canada	281,572.98
Carrot River Medical Clinic Inc	85,872.00
Case Management Canada Inc	62,971.23
CDW Canada Inc	226,244.77
Chief Medical Supplies Ltd	65,532.63
City Of Melfort	80,094.06
Covidien	169,426.67
CPDN/RCDP	208,350.30
Credential Asset Management Inc	85,376.02
CSI Leasing Canada Ltd	236,188.47
Cumberland Regional College - Nipawin	93,086.00
Cummins Western Canada - Saskatoon	78,409.73
Diverse Systems Ltd	160,325.55
Diversey Canada	89,669.36
Dr. Abosede Adesina	111,081.53
Dr. Adedeji Kalejaiye	303,934.97
Dr. Adeyemi Laosebikan	80,092.29
Dr. Assumpta Efobi	298,875.43
Dr. Bala Medical Prof Corp	291,614.65
Dr. Bronwyn Carroll	126,548.96
Dr. Charles Orhadje	386,263.64
Dr. Dale Peffer	341,287.03
Dr. Danielle Desjardins	114,132.17
Dr. Donald Gelhorn	87,622.61
Dr. Eben Strydom	55,551.27
Dr. Eleanor Francis	353,460.33
Dr. Herbert Medical Prof Corp	302,554.18
Dr. Ighodalo Collins Omondiagbe	246,504.20
Dr. Jordan Wingate	152,583.14
Dr. Jules Bofoya	117,145.90
Dr. Juliana Van Jaarsveld	386,276.44
Dr. Kayode Olutunfese	359,621.41
Dr. Mariusz Gurgul	170,976.00
Dr. Melissa Fillis	332,886.60
Dr. Michael Stoll	77,927.46
Dr. Moses Mafowosofo Medical Prof Corp	65,120.41
Dr. Neville Van Der Merwe	390,028.94
Dr. Nkeme Eke Medical Prof Corp	189,010.99
Dr. Okezie Nweze	339,439.22
Dr. Olumide Asaolu	304,341.94
Dr. Oluwafemi Adegboyega Ketiku	309,641.51
Dr. Onose A. Lawani	351,900.94
Dr. Peter Maree	340,443.25
Dr. Pierre Hanekom	69,067.54
Dr. Prince Manzini	246,660.14
Dr. Ricky Ilunga	285,849.44
Dr. Rosemarie Tessa Richardson	363,226.55
Dr. Taiwo Omolola Adetowubo	334,455.26
Dr. Gemma Nelson	122,506.00
Dunmac Construction	316,314.22
EHealth Saskatchewan	164,722.00
GE Healthcare Canada	523,311.56
Geanel Restaurant Supplies	107,245.00
Grand & Toy Ltd	91,409.88
Great West Life	539,714.18
Health Science Association of Sask	89,024.69
Hill-Rom Canada	60,115.13
HLM Construction	6,744,896.45
Hospira Healthcare Corp	304,883.28
Hudson Bay Medical Group	318,265.45
Instrumentation Laboratory	131,873.94
Johnson & Johnson Inc	78,773.37
KCI Medical Canada Inc	96,827.28
Kelvington Ambulance Care Ltd	498,299.75
Kelvington Medical Clinic	53,587.81

Little Rainbow Roofing & Exteriors	51,975.00
Logibec Inc	70,398.68
London Life Insurance Co	104,406.99
Maintenance Enforcement Office	60,000.00
Marsh Canada Limited	232,667.50
McKesson Canada	353,239.07
McKesson Distribution Partners	123,248.81
Melfort Ambulance	580,598.67
Ministry of Central Services	369,462.00
New Horizons Staffing Inc	181,806.28
Nipawin Flight Center	100,227.75
Nipawin Medi-Clinic	154,560.00
North East EMS	1,354,309.47
North Sask Laundry & Support Services	463,489.01
Northern Cree Enterprises	55,483.48
Olympus Canada Inc	226,853.60
Ortho-Clinical Diagnostics	460,661.39
P3A	153,983.10
Pacific Fresh Fish Ltd	52,690.04
Parkland Ambulance Care Ltd	178,142.90
Philips Healthcare	81,191.62
Prince Albert Parkland Reg Health Auth	54,590.00
Public Employees Superannuation Plan	64,889.56
RBM Architecture	124,343.13
Reaume Enterprises	172,506.84
Ren-All Construction	96,652.50
RMD Project Management and Consulting	100,800.00
Roche Diagnostics	69,598.75
Saputo Foods Limited	133,755.89
Sask Energy	619,592.00
Sask Government Employees Union	1,365,449.76
Sask Healthcare Employees Pension Plan	11,351,664.00
Sask Power	1,312,459.00
Sask Tel	492,395.00
Sask Workers Compensation Board	1,055,162.16
Saskatchewan Union of Nurses	457,839.32
Saskatoon Regional Health Authority	387,774.00
Schaan Healthcare Products	1,216,192.96
Select Medical Connections Ltd	479,594.51
Shamrock Ambulance Care Ltd	283,998.70
Siemens Healthcare Limited	85,235.86
Smith Agencies Ltd	56,595.00
Stevens Company Limited	288,934.79
Sysco Food Services	1,573,596.22
Tisdale Ambulance Care Ltd	562,805.78
Toshiba Business Solutions	114,087.47
Town of Naicam	141,484.09
Town of Nipawin	102,715.86
Town of Tisdale	93,398.49
Van Houtte Coffee Services Inc	89,447.84
Wood Wyant Inc	224,196.69

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For More Information

For further information relevant to the Kelsey Trail Health Region, contact Regional Office at (306)873-6600 or visit the following website:

Kelsey Trail Health Region
http://ww.kelseytrailhealth.ca/

KTHR By The Numbers

During the 2015-16 fiscal year, KTHR reported:

- 3,403 acute care admissions
- 23,398 patient days
- 51,564 ER visits
- 215 births
- 313 dialysis patients
- 225 long term care admissions
- 165,559 long term care resident days
- 14,432 clients are receiving home care services
- 4,230 occupational therapy visits
- 15,346 physical therapy visits
- 4,231 exercise therapy visits
- 409 speech language therapy visits
- 931 mental health clients and 7,087 mental health visits
- 427 addiction clients and 3,642 addiction client visits
- 2,559 day surgeries and 1270 scopes

Did You Know?

- ✓ Approximately 447 residents call KTHR long term care facilities their home.
- ✓ KTHR maintained a full complement of physicians in 2015-16.
    - o Dr. Don Gelhorn retired after practising medicine in Hudson Bay for 34 years.
- ✓ KTHR Food Services prepared $241,000 worth of meals in 2015-16.
- ✓ KTHR Building Services staff completed 10,310 Megamation requests from staff throughout the year.
- ✓ KTHR Scheduling staff filled 98,000 shifts during the year.
- ✓ Utilizing Telehealth services saved KTHR patients and families 360,000 kilometres in 2015-16.
- ✓ IT responded to 3,200 help desk calls this year.
- ✓ Registration staff registered 38,000 patients for emergency services and 21,000 for ambulatory services in 2015-16.
- ✓ KTHR completed six Rapid Process Improvement Workshops (RPIWs) this year.
- ✓ 17 of KTHR's Lean Leaders completed certification requirements this year.

Kelsey Trail Health Region

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